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RICHMOND CALIFORNIA



VOL. I

**COMPREHENSIVE PROGRAM SUBMISSION DEC. 1968
MODEL CITIES PROGRAM**

VITZ

RICHTMOND, CALIFORNIA
COMPREHENSIVE PROGRAM SUBMISSION
December, 1968
MODEL CITIES PROGRAM

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- (2) Any Appendixes are at the End of the Appropriate Chapter with one Exception:
"Final Report on Park and Open Spaces, Urban Beautification, Water Front Resource, Traffic Analysis; by The Center for Environmental Design, Planning and Development". This Report is an Appendix to Chapter 11 and is Under Separate Cover.

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MODEL CITIES PROGRAM
RICHMOND, CAL.

MARIN COUNTY

SAN RAFAEL

SAN RAFAEL BRIDGE

SAN PABLO BAY

VALLEJO

CARQUINEZ BRIDGE

SOLANO COUNTY

MARTINEZ

RICHMOND

PACIFIC OCEAN

GOLDEN GATE BRIDGE

BAY BRIDGE

BERKELEY

SAN FRANCISCO

OAKLAND

ALAMEDA

CONTRA COSTA COUNTY

S.F. COUNTY

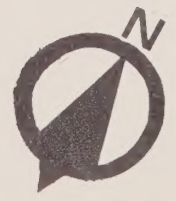
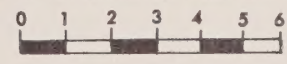
SAN FRANCISCO BAY AREA

SAN MATEO

ALAMEDA COUNTY

SAN MATEO COUNTY

REGIONAL MAP OF SAN FRANCISCO BAY AREA



SAN JOSE



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Acknowledgments
Model Cities Program
Richmond, California
December, 1968

ACKNOWLEDGMENTS

This Comprehensive Program has been produced by the joint efforts of so many people that it would be impossible to name them all. However, it would be a real oversight not to remind ourselves that it is the living conditions of the residents of the Model Neighborhood which underly all of the ideas, plans and hopes which have gone into it.

The major contribution has been the time of the Citizens' Board members and the many people who served with them on the various committees, but literally hundreds of others have also been involved. The Richmond Model Cities Program staff was responsible for the actual publication of this report. At the risk of omitting some extremely important contribution by accident, special mention should be made of the contributions of the staffs of the following Agencies or Departments. They are not grouped in order of their contributions, but are simply listed, with private agencies first, then state, county, school and city agencies. They are the following:

North Richmond Neighborhood House
Southside Community Center
Community Services to the Spanish Speaking
People Pledged for Community Progress
State of California, Human Relations Agency
Richmond Office, California State Employment
Service
Richmond Office, State Service Center
County Departments of Health, Planning,
Social Services
County Office of Economic Opportunity
Contra Costa County Housing Authority
Richmond Unified School District
Richmond Housing Authority
Richmond Redevelopment Agency
Richmond City Departments

acknowledgments
Model Cities Program
Richmond, California
December, 1968

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North Richmond Neighborhood House
Richmond Community Center
Community Services to the Spanish Speaking
People Program for Community Progress
State of California, Urban Relations Agency
Richmond Office, California State Employment
Service
Richmond Office, State Service Center
County Department of Health, Planning,
Social Services
County Office of Economic Opportunity
County Office of Housing Authority
Richmond Unified School District
Richmond Housing Authority
Richmond Redevelopment Agency
Richmond City Department

Acknowledgments
Model Cities Program
Richmond, California
December, 1968

ACKNOWLEDGMENTS (cont'd)

Richmond City Council

John J. Sheridan, Mayor

George Livingston, Vice-Mayor

Albert Silva

Nathaniel Bates

Gay Vargas

Stanley Grydyk

Donald Wagerman

Walter Weyman

one vacancy

Kenneth H. Smith, City Manager

Board of Supervisors

Contra Costa County

James P. Kenney, District No. 1, Richmond

Alfred M. Dias, District No. 2, San Pablo

James E. Moriarty, District No. 3, Lafayette

Thomas J. Coll, District No. 4, Concord

Edmund A. Linscheid, District No. 5, Pittsburg

J.P. McBrien
County Administrator

Acknowledgments
Model Cities Program
Richmond, California
December, 1968

ACKNOWLEDGMENTS (cont'd)

Richmond Model Neighborhood Citizens' Board

Representing North Richmond

Mrs. Laura Hunter	Edgar Madden
Mrs. Nellie Gunther	Michael Scott
Boaston Woodson	*Harrison Williams

Representing the Iron Triangle

R. O. Hunter, Chairman	Rev. G. G. Griffin
Mrs. Deva Mitchell	Miss Diane Moore
John Stewart	*Benjamin Marshall

Representing the Southside

Mrs. Dolores Jackson	Miss Patricia Redic
Carl Metoyer	*Mrs. Mary Green
William Hall	*Major Bolden
Ralph Emerson	

Representatives of Organizations

Rev. H. C. Riley Vice-Chairman	Greater Richmond Inter-Faith Program
Samuel Burns	Congress of Racial Equality, Richmond
Mrs. Maxine Eason*	Congress of Racial Equality, Richmond
Art Carter	Central Labor Council, Contra Costa County
William Leonard	Associated Home Builders of the Greater East Bay
Arthur Webb	Richmond Chamber of Commerce
Walter Fauerso	West Contra Costa Council of Churches
Mrs. Della Moreno	United Council of Spanish Speaking Organization
Samuel Herrod	Contra Costa Building and Trades Council
Emerson D. Nash	West Contra Costa Board of Realtors
Rev. J. Howard Acton*	Greater Richmond Inter-Faith Program
G. Marshall Turner	National Association for the Advancement of Colored People
Charles Markham	Richmond Chamber of Commerce
John Wilson	Richmond Citizens Planning Association

*Identifies alternates

ACKNOWLEDGMENTS (cont'd)

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Mrs. Felice Gunther	Michael Scott
Boston Woodson	*Harrison Williams

Representing the Iron Triangle

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Mrs. Debra Mitchell	Miss Diane Moore
John Stewart	*Benjamin Marshall

Representing the Southside

Mrs. Dolores Jackson	Miss Patricia Radio
Earl Meyer	*Mrs. Mary Green
William Hall	*Major Bolden
Ralph Brown	

Representatives of Organizations

Rev. R. C. Riley	Greater Richmond Inter-Faith Program
Vice-Chairman	
Samuel Burns	Congress of Racial Equality, Richmond
Mrs. Maxine Bason	Congress of Racial Equality, Richmond
Art Carter	Central Labor Council, Contra Costa County
William Leonard	Associated Home Builders of the Greater East Bay
Arthur Webb	Richmond Chapter of Commerce
Earl Edwards	West Contra Costa Council of Churches
Mrs. Della Brown	United Council of Spanish Speaking Organization
Samuel Bertod	Contra Costa Building and Trades Council
Everett D. Nash	West Contra Costa Board of Realtors
Rev. J. Howard Brown	Greater Richmond Inter-Faith Program
G. Marshall Turner	National Association for the Advancement of Colored People
Charles Nathan	Richmond Chapter of Commerce
John Wilson	Richmond Citizens Planning Association

*Identified interviewees

ACKNOWLEDGMENTS (cont'd)

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Alfred O. Parham	Administrative Assistant
Stanley White	CEP Coordinator
Mrs. Ann Copperman	Principal Planner
Miss Carolyn Lum	Research Planner
Jon Beckjord	Research Planner
Miss Theresa Talley	Research Worker Trainee
Mrs. Ivy Lewis	Community Worker Supervisor
Mrs. Elva Gaines	Community Worker
Mrs. Mary Mack	Community Worker
Mrs. Roberta Griffin	Community Worker
Miss Mary Lou Ortega	Community Worker
Jesse Workmon	Graphics Delineator
Coy Charles	Drafting Trainee
Mrs. Marcella Ingram	Office Manager
Mrs. Vonzetta Lee	Secretary
Miss Angela Boyd	Clerk-Stenographer
Miss Patricia Robinson	Clerk-Typist
Miss Elizabeth Gonzalez	Clerk-Typist
Miss Dwana Dixon	Clerk-Typist
Miss Valerie Walker	Clerk-Typist

Part-Time Employees

Eli Williams	Statistical Clerk
John McKinney	Journalist Aide
Thomas Gholson	Drafting Aide
Jerry Richardson	Drafting Aide
Wayne T. McNeil	Statistical Clerk

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or Full-time Basis to the Model Cities Program:

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Miss Gwen Monroe	California Youth Authority
John Preston	Social Services Department, Contra Costa County
Carl Poirot	Social Services Department, Contra Costa County
Martin Vitz	Planning Department, Richmond

ACKNOWLEDGMENTS (cont'd)

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Administrative Assistant
CEP Coordinator
Principal Planner
Research Planner
Research Planner
Research Worker Trainee
Community Worker Supervisor
Community Worker
Community Worker
Community Worker
Community Worker
Community Worker
Graphic Designer
Drafting Trainee
Office Manager
Secretary
Clerk-Stenographer
Clerk-Typist
Clerk-Typist
Clerk-Typist
Clerk-Typist
Clerk-Typist

Henry Dishroom
Alfred O. Parnham
Stanley White
Mrs. Ann Copperman
Miss Carolyn Lum
Jon Beckford
Miss Theresa Talley
Mrs. Ivy Lewis
Mrs. Riva Gaines
Mrs. Mary Mack
Mrs. Roberta Griffin
Miss Mary Lou Ortega
Jesse Johnson
Coy Charles
Mrs. Marcelle Ingram
Mrs. Vonetta Lee
Miss Angela Boyd
Miss Patricia Robinson
Miss Elizabeth Gonzalez
Miss Dwana Dixon
Miss Valerie Baker

Part-Time Employees

Statistical Clerk
Journalist Aide
Drafting Aide
Drafting Aide
Statistical Clerk

Elis Williams
John McKinney
Thomas Gholson
Betty Richardson
Wayne T. Howell

Staff from other agencies loaned on a part-time or full-time basis to the Model Cities Program:

Planning Department, Contra Costa County
California Youth Authority
Social Services Department, Contra Costa County
Social Services Department, Contra Costa County
Planning Department, Richmond

Mrs. Jose Bailey
Miss Gwen Monroe
John Preston
Carl Polier
Martin Vitz

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Paul Brandford	University of California, Berkeley, School of Public Health
Miss Susan Cahn	National Association of Students of Architecture and Planning
Miss Sandy Marks	University of California, Department of Social Welfare, Intern
Miss Coral Cottage	University of California, Work Study Student
Miss Elsie Vaughn	Contra Costa Junior College, Work Study Student
Clarence West	Contra Costa Junior College, Work Study Student
Miss Darlene Jang	National Association of Students of Architecture and Planning, Work Study Student
Gleen Bauer	National Association of Students of Architecture and Planning, Work Study Student
Brian Cooke	National Association of Students of Architecture and Planning, Work Study Student

Consultants

Center of Environmental Design, Planning and Development
Social Psychiatry Research Associates

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CHAPTER 1: PREPARATION OF RICHMOND'S MODEL CITIES

COMPREHENSIVE PROGRAM

SECTION 1.1: THE ORGANIZATIONAL

STRUCTURE

A. INTRODUCTION

Richmond has been interested in the Model Cities Program from its beginning. As a result of experience in poverty programs and in the development of local area plans (as a part of Richmond's general plan), both residents and public officials felt a need to combine physical, social and economic measures to improve living conditions in low income neighborhoods.

The program outlined in the next chapter (Part I the Comprehensive Program Submission) was developed by the City Demonstration Agency staff, in cooperation with residents and Agency specialists in various areas under the direction of the Model Neighborhood Citizens' Board. This board is the policy making body for the program.

The organizational form and planning procedures grew out of the process used in writing the original Planning Grant Application. While there has been continuous modification and adaption of the planning process, the continuity of effort has been an important factor in the shaping of the plan.

A history of the sequence of steps makes the plan itself better understood. Therefore, the next sections describe:

- (1) The procedure followed in preparing the Planning Grant Application.
- (2) The City Demonstration Agency Organizational Form and lines of authority for the Planning Period.

CHAPTER I. PREPARATION OF RICHMOND'S MODEL CITY

COMPREHENSIVE PROGRAM

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- (3) The Planning Process as originally established at the beginning of the Planning Period.
- (4) The factors affecting these Procedures

B. THE PREPARATION OF THE PLANNING GRANT APPLICATION

Richmond residents and public officials became interested in the potential usefulness of the Demonstration Cities Program to the low income neighborhood at the time of its earliest discussion before Congress.

1. Agency Involvement

Small meetings between staff members of various agencies responsible for dealing with physical and social problems were taking place by July, 1966. The number of concerned agencies in this group gradually grew until it evolved into a formally constituted Interagency Staff Committee to prepare a Demonstration Cities Application. While this group remained flexible, the following agencies consistently functioned on the Committee: The Richmond City Manager representing City Departments; the County Administrator's Office representing County Department; the Richmond Unified School District; Richmond Redevelopment Agency; both the City and County Housing Authorities; the County Office of Economic Opportunity; the Bay Area Social Planning Council; the Richmond Community Development Project (a local social planning demonstration agency); Neighborhood House of North Richmond; and the Iron Triangle Neighborhood Council. The Richmond Planning Department, also a part of the Interagency Staff Committee, was responsible for preparing the background data and coordinating the work of developing the program.

2. The Citizens' Advisory Group

Citizens of the Model Neighborhood Area were also actively engaged in considering the Demonstration Cities approach prior to the passage of the legislation. In December 1966, the Interagency

- (3) The Planning Process as originally established at the beginning of the Planning Period.
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Staff Committee called a day-long conference for all interested groups and individuals. This conference was called to inform the community of the Demonstration Cities Program, to discuss the problems of the area, and to establish the Citizens' Advisory Committee for the preparation of a Demonstration Cities Planning Grant Application for Richmond.

It was agreed that 15 representatives from the Model Neighborhood Area would be elected at the conference, and would constitute the majority of a Citizens' Advisory Committee. This committee would then be expanded with representatives of city-wide groups whose particular concern related to the program. Four Adults and one Teenage representative were elected from each of the three sub-neighborhoods.

Thirteen organizations representing important community-wide interest groups including commerce and industry, labor, churches, civil rights and ethnic groups, home-builders, finance, and citizens for planning, completed this Advisory Committee.

The Citizens' Advisory Committee conducted and participated in a great many meetings, brought forward ideas, reviewed the ideas of others and helped the staff shape up the program presented in the Application.

The Application was reviewed and approved in detail by the Board before the citizens committee submitted the proposal to the City Council for the City Council's approval and submission to HUD.

The structure of the future planning staff and its relationship to a Citizens' policy making board and to the City Council was spelled out in the Application. The composition of the Model Neighborhood Citizens' Board, its duties and powers and relationship to the staff, was also outlined in the Application. The procedure for hiring the CDA staff was worked out between the time the application was filed and the awarding of the Planning Grant.

C. THE CITY DEMONSTRATION AGENCY ORGANIZATIONAL FORM AND LINES OF AUTHORITY FOR THE PLANNING PERIOD

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THE CITY DEMONSTRATION AGENCY ORGANIZATIONAL FORM AND LINE
OF AUTHORITY FOR THE PLANNING PERIOD

Model Cities Program
Richmond, Cal.
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Immediately upon receiving notification that Richmond has been selected as a Model Cities, preparations were made to have another town hall meeting similar to the one in December, 1966, to elect new Board members. Flyers announcing the meeting were distributed door to door in the Model Neighborhood. The meeting was held on December 10, 1967. Fifteen representatives from the community were elected; three were teen-agers.

The following organizations were requested to name representative to the Board: Associated Homebuilders of Greater East Bay, Central Labor Council of Contra Costa County; Congress of Racial Equality; Contra Costa Building & Construction Council; Greater Richmond Interfaith Program; National Association for the Advancement of Colored People, Richmond Chamber of Commerce, Industrial Division; Richmond Citizens' Planning Association; United Council of Spanish Speaking Organization; West Contra Costa Board of Realtors, and the West Contra Costa Council of Churches. Participation by elected representatives from the Neighborhood has been uneven, depending on personal interest, on other pressures on individuals and on the extent of the organizations direct concern in the program. The average attendance at Board meetings has been 50 people with about 3/4 of these from the community.

The Model Neighborhood Citizens' Board was established in December and held its first meeting on December 19, 1967. Its first jobs involved:

- (1) reviewing and approving the Planning Procedures to be used, which were spelled out in the 45 day Work Program Revision
- (2) reviewing and approving changes in staff and budget resulting from the fact that the grant awarded was half of the money requested
- (3) reviewing and endorsing the procedures for hiring staff worked out and recommended by the Executive Committee of the Advisory Board for the submission of the Application

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The Model Neighborhood Citizens' Board was established in December and held its first meeting on December 12, 1967. Its first job involved:

(1) reviewing and approving the Planning Procedures to be used, which were spelled out in the 42 Day Work Program Revision

(2) reviewing and approving changes in staff and budget resulting from the fact that the grant awarded was half of the money requested

(3) reviewing and endorsing the procedures for hiring staff worked out and recommended by the Executive Committee of the Advisory Board for the submission of the Application

The procedure adopted gave the Model Neighborhood Citizens' Board the deciding vote in choosing the Program Coordinator. The relationship between the Model Neighborhood Citizens' Board, CDA staff and City Council is shown on the Organizational Chart. (See Chart 1.1.)

This chart gives a degree of prominence to the Interagency Staff Committee which in fact never evolved. The operating departments have played a very active role in the planning process but this role has been played in the planning of the specific program approaches. Local operating agencies, Federal operating agencies, Federal operating agencies, CDA staff and Model Neighborhood Citizens' Board members have met to discuss program proposals.

Similarly, at the State and Federal levels, the joint agency liaison Committees have developed into mainly information exchanges and overall coordinating bodies, while on the other hand Federal and State agency representatives have taken an active part in development of specific programs.

The coordination of the various programs has become the responsibility of the CDA staff and the Model Neighborhood Citizens' Board.

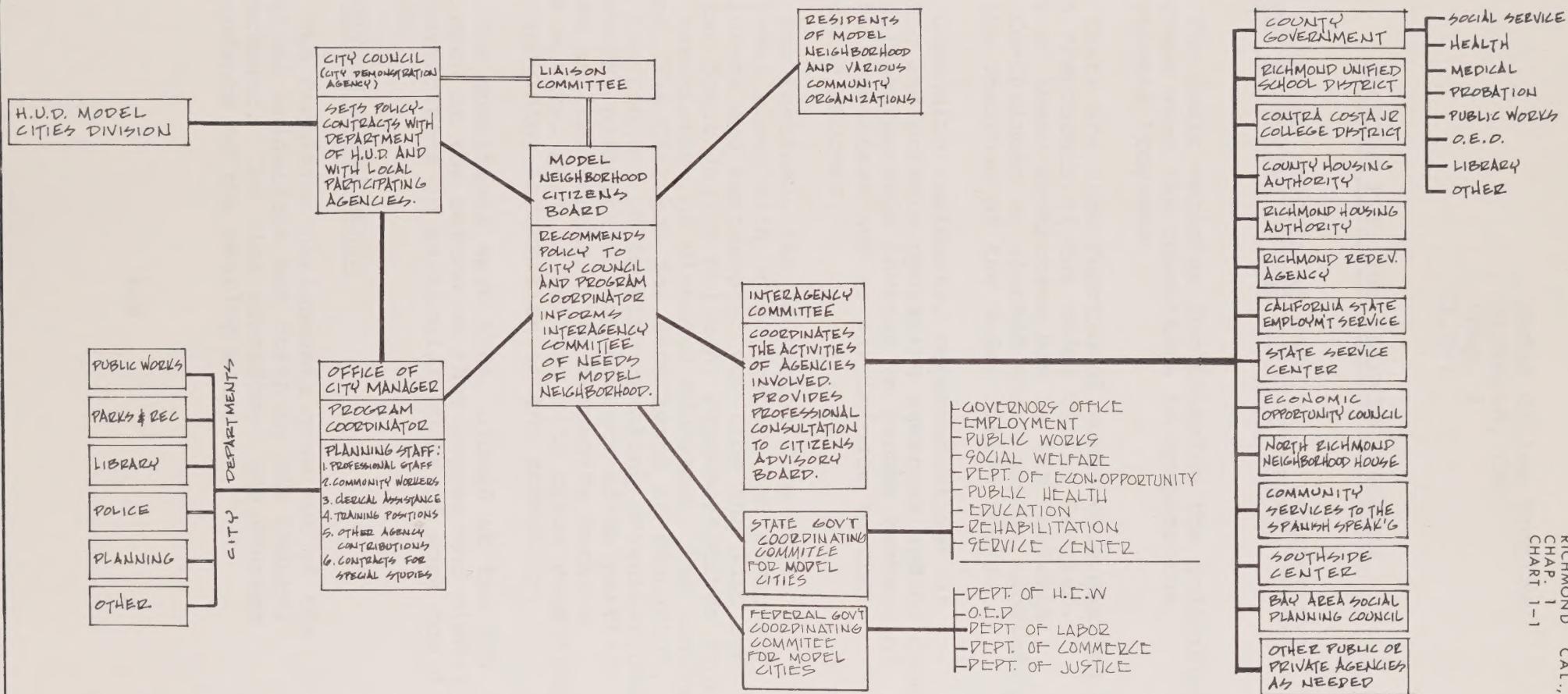
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RICHMOND MODEL CITIES PROGRAM - PLANNING PERIOD SKELETON ORGANIZATION CHART JANUARY 1968 REVISED NOV/68



SECTION 1.2: THE PLANNING PROCESS

A. THE PLANNING PROCESS AS ORIGINALLY ESTABLISHED
AT THE BEGINNING OF THE PLANNING PERIOD

The basic vehicles for planning the individual programs were the Committees to Prepare the Functional Programs.

There are nine functional committees dealing with components of the Model Cities Program. Each of these committees has as its Chairman and Co-Chairman an elected Board member appointed by the chairman of the Model Cities Board.

Community residents, representatives of public and private operating agencies and of concerned organizations were invited to become members of these committees and to participate in the planning process.

For instance, the Education Committee included along with Board Members and community residents and representatives from the RUSD and Contra Costa Junior College, representatives from the Association of Richmond Educators, the Teachers Union, the Citizens for Excellence in Education, and the Council of Spanish Speaking Organizations. Teachers, principals, and parents often participated as individuals. The community workers took a vital part in working with these committees and providing information to the community.

The committees were thus, closed at the top but open at the bottom so that anyone who wished to participate in particular phase of work could do so.

B. COMMITTEE ASSIGNMENTS

The Committee Assignments grew out of the original Guidelines set forth by the Federal Government. The nine committees and average attendance at the meeting were:

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<u>COMMITTEE</u>	<u>AV. ATTENDANCE</u>	<u>NUMBER OF MEETINGS</u>
Employment	23	8
Education	25	9
Social Service	17	8
Crime Reduction	12	8
Housing	18	7
Public Facilities	16	7
Health	29	7
Relocation	17	6
Physical Improvements	17	7

During the Planning Year, there were seventeen (17) meetings of the Model Neighborhood Citizens' Board with an average attendance of fifty (50) persons. The CDA staff acted as staff for all nine committees and the Model Neighborhood Citizens' Board. Since the staff was small, and many current problems kept intruding into the work of the Committees and the Board, nine committees was really more than could be handled in depth. Some programs and therefore developed to a larger extent than others.

Several aspects of the work of various committees were neglected to varying degrees and must be studied intensively in the next planning period. These included: Transportation, Economic Development, Mental Health and Environmental Sanitation.

While three special interest committees were planned, Youth, Elderly and Labor, only the labor committee has really functioned. Even that committee is operating on a limited basis. The need for these three committees still exists and program proposals take this into account. (See Chap. 12 for Youth and Elderly.) Throughout the planning period, the nine functional committees met twice monthly to formulate plans. The majority of those attending committee meetings were community residents.

These committee meetings were held in the Model Neighborhood so that all residents could easily attend. It became necessary in some committees such as the crime reduction committee to meet in the individual sub-neighborhoods to really hear what the residents had to say. The crime reduction committee in particular had to move out into the community to record the concern that the ordinary citizen on the street who would not attend a regular meeting felt about the police department and probation department. Some Coffee Clatches were held throughout the Model Neighborhood in private homes. Other informal meetings were held at Community Action Agency offices, such as the Southside Community Center and Neighborhood Houses, to discuss problems and suggest improvements in the Model Neighborhood, reports of these conversations were brought back to the various committees. As the committees developed plans into proposals, the committees voted to send the completed proposals to the Model Neighborhood Board for acceptance.

As the Committees began detailed planning, it became necessary in some committees to take tours to view programs in operation. The health committee made a tour of Neighborhood Health clinics to determine the validity of starting such a facility in the Model Neighborhood. The Committee concluded that their first problem was to help people use the existing services to a greater extent and then to evaluate what new services will be needed. The housing committee made tours to view the results of housing programs in operation. These tours enabled the community resident to make sounder judgements in evaluating programs during committee discussions.

Once the committees discussed and prepared a proposal that the whole committee could agree upon, the proposal was then sent to the Model Neighborhood Citizens' Board for adoption. Committees have not been disbanded. However, at present, meetings are being called only when special events require committee meetings. Committee members will review project proposals when these are prepared and, in most cases, will resume planning activities next year.

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C. THE FACTORS AFFECTING THESE PROCEDURES

The planning procedures was affected by several considerations.

First, the mere act of putting "Agency" people and residents in one room took some getting used to. In all committees the first steps included a "confrontation" session and a readjustment from "business as usual" to the development of a working relationship between residents, agency members and CDA staff. The details of this relationship varied from committee to committee but it appears that the working out of such relationships is one of the most significant contributions of the Model Cities Planning Period.

Secondly, as problems were outlined and planning got underway it became evident that the planning process at the local level is somewhat different from that envisioned by HUD. Gripes, complaints and problems were hard to separate. Goals and objectives could not be formulated in abstract terms. But by proposing and discussing program approaches and then testing these against goals, against the description of problems and against the data on conditions, programs and projects eventually evolved into coherent packages. This was not an easy process and some people who had originally indicated an interest in participating in committee activities became inactive, while others -- both professionals and community people -- developed a knack for this type of planning.

Thirdly, the problem of raising expectations without assurance of satisfying them began to appear frightening. The Federal Government requirement for a comprehensive program -- without any real notion of availability of funding -- made the staff very cautious in talking about Model Cities Plans. The staff and Board have made every effort to insure that program proposals are sound and agreeable to the community at large. We have tried to avoid publicity which could raise unrealistic expectations.

As soon as specific programs are developed and funds assigned, an extensive job of neighborhood communications will be undertaken.

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SECTION 1.3: THE RELATION BETWEEN THE PLANNING PROCEDURE & EFFECTUATION

The ability to carry out the program will depend on:

The extent to which the residents desire the program and feel a personal interest and responsibility for its effectuation.

The extent to which the operating agencies understand and agree to the parts of the program they will operate.

The amount of political muscle that the Model Cities Operation carries -- This can come from one of two sources, (1) the citizen support and its relationships to the political alignments in the city, county and school district; (2) the amount of federal funds that the Model Cities program can help deliver or withhold.

At the moment none of these factors have been established. The planning procedures and the staff operations have been designed to build up the effectiveness of the City Demonstration Agency.

A number of plus factors exist.

- (1) The CDA Director has the position of a full department head in the City of Richmond and participates as a regular Department head in City affairs.
- (2) The Model Neighborhood Citizens' Board has been requested by a variety of public and private agencies both inside and outside the Model Neighborhood Area to act on various questions. It has taken appropriate actions to endorse programs, policies, etc. of concern to the area and has established itself as a spokesman in the eyes of some sectors of the broader community. Only effective programs which help a lot of people can establish it firmly within the low income community.

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- (3) As far as operating agencies are concerned, the use of Committees which included agency representatives and residents drew agencies into the planning action and many individuals grew to understand the problems and programs very well.

In addition, several agencies lent the CDA full time staff and must feel a special interest in the program.

In projecting the five year plan, and in developing project budgets, agencies will be even more deeply involved.

It is hoped that the Model Cities Planning structure has provided a balance between neighborhood planning and agency planning that will add effectiveness to programs that have, too often, not reached the people they are designed to help.

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1. A GENERALIZED PROBLEM OF THE MODERN METROPOLIS
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THE MODEL NEIGHBORHOOD AREA - THE LAND, THE PEOPLE AND THE PROBLEMS

2.1. INTRODUCTION

The following background material has been included at this point in the comprehensive program because it is important to a full understanding of the particular problems of Richmond. The extremely rapid changes of the last thirty years, although perhaps not unique, are sufficiently unusual and sufficiently recent that the present situation can be understood only if these events are constantly kept in mind.

The characteristics of the population, housing stock, economy, etc., are given here in general terms so that specific problems discussed later need not be constantly placed in a general setting. Detailed data relating to specific problem areas, such as health, housing, etc. are included in the various "problem analysis" sections of these areas.

Section 2.4 has been included to provide a place for problem analysis, goals and program approaches and statements for those generalized problems of the Model Neighborhood and its people which cannot be specifically attributed to any one program area. These problems and program approaches should also be kept in mind as part of the general context for specific problems and programs.

2.2 BACKGROUND DESCRIPTION OF CITY OF RICHMOND

Richmond is a residential and industrial suburb of the San Francisco-Oakland Metropolitan area located approximately ten miles north of Oakland on the northeastern shore of the San Francisco Bay (See Map 2.1).

The topography varies from the more or less flat alluvial plain containing the central older development to the rolling hills and rugged slopes of Potrero Ridge to the west and the ridges outlining Wildcat Canyon and the San Pablo Creek watershed in the outlying suburban and open areas to the east (See Map 2.2). The climate of the area is typical of the San Francisco Bay region; mild, with almost no sub-freezing weather and few very hot days.

The city was established specifically as a low density industrial town which early included a major oil refinery and two railroads and it has continued to fill a role as a center of low-intensity industry since its founding at the turn of the century.

THE MOORE NEIGHBORHOOD AREA - THE LAND, THE PEOPLE AND THE PROBLEMS

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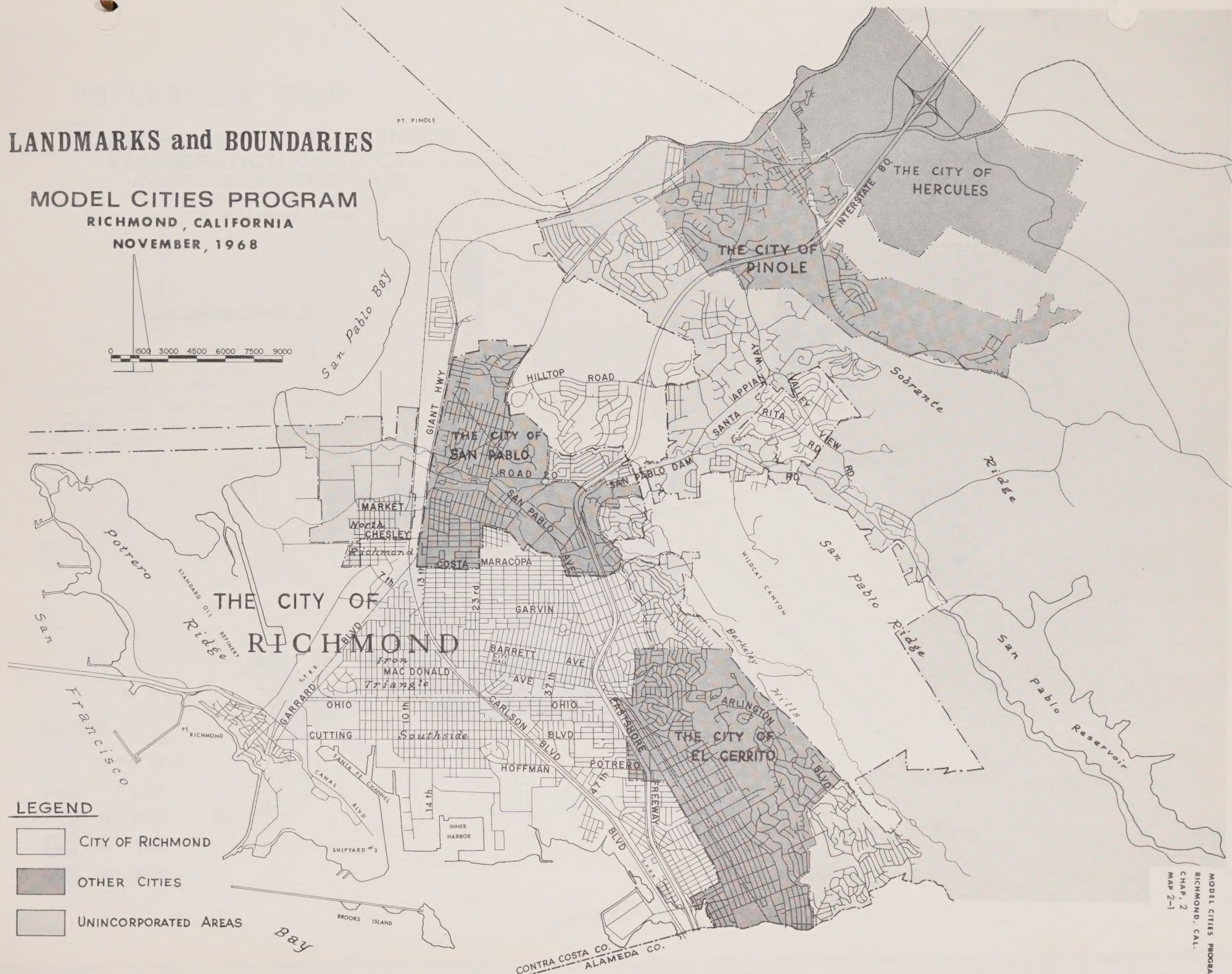
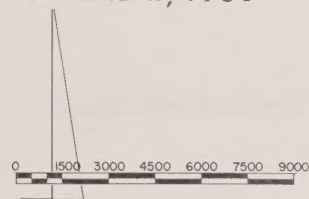
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LANDMARKS and BOUNDARIES

MODEL CITIES PROGRAM

RICHMOND, CALIFORNIA

NOVEMBER, 1968



LEGEND

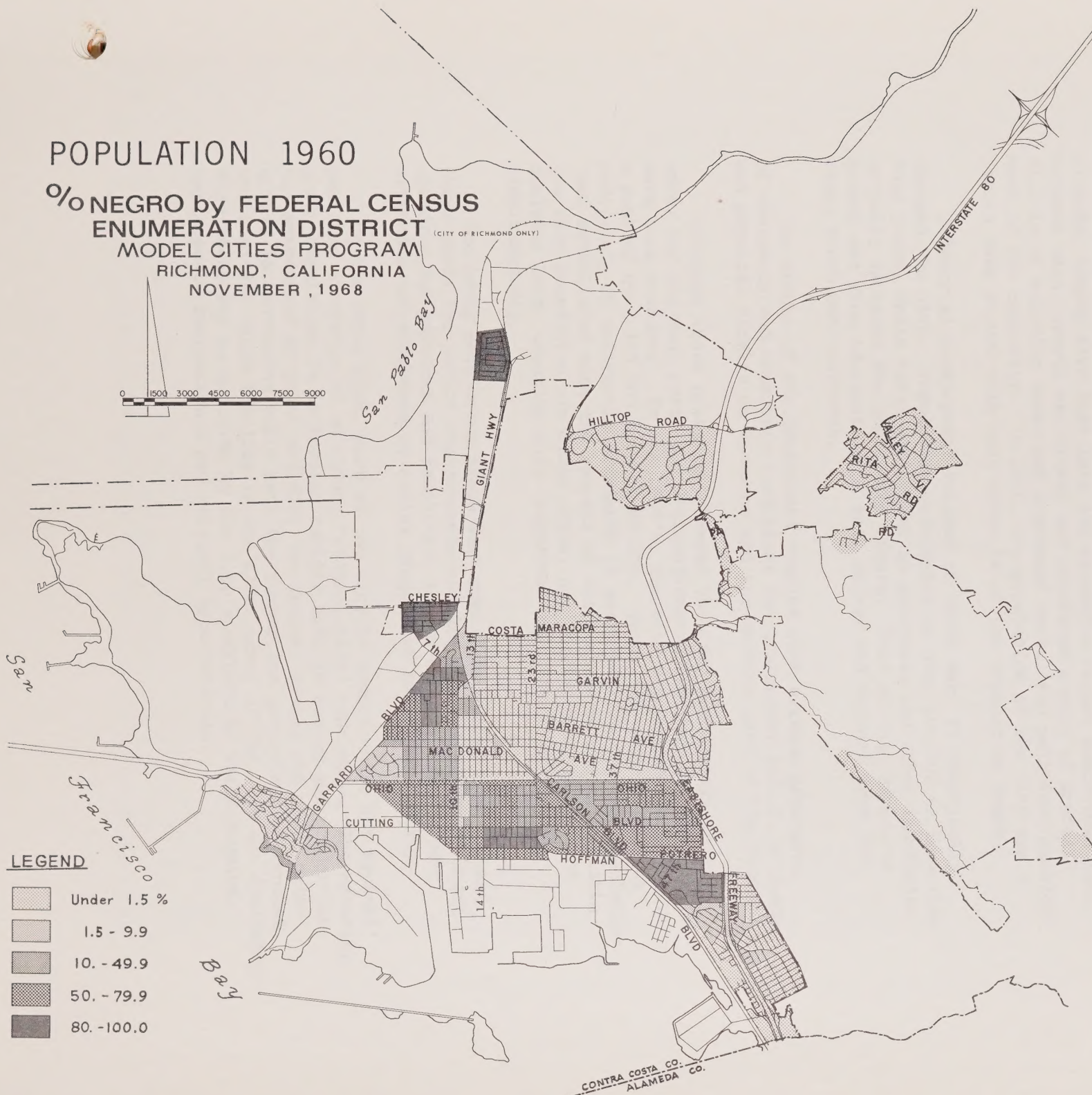
- CITY OF RICHMOND
- OTHER CITIES
- UNINCORPORATED AREAS

POPULATION 1960

% NEGRO by FEDERAL CENSUS ENUMERATION DISTRICT MODEL CITIES PROGRAM RICHMOND, CALIFORNIA NOVEMBER, 1968

(CITY OF RICHMOND ONLY)

0 1500 3000 4500 6000 7500 9000



LEGEND

	Under 1.5 %
	1.5 - 9.9
	10. - 49.9
	50. - 79.9
	80. - 100.0

Early growth from 1900 through World War I was fairly rapid but real estate promotion and land subdivision far exceeded actual need. This left the City with a legacy of under-improved gridiron streets, twenty-five foot lots and excessive vacant subdivided land. Between wars, growth was slower and consisted mostly of gradual fill-in of existing areas and increased social and political development of the community. In 1940, the population of the city was a little over 20,000 with only about 1% of the population Negro.

Industrial development related to World War II drastically changed the City. Population quintupled to over 100,000 in less than four years, while total employment in shipyards and other industries actually exceeded the population figure. Most of this explosive growth was from immigration of both whites and Negroes from the rural South and Southwest.

The nature of the immigrants coupled with extreme pressures of emergency and temporary conditions put tremendous social, economic and physical strains on Richmond and the western part of the County.

Although these pressures changed the City permanently in many ways, for the most part, the dislocations of the forties and fifties have been overcome. In the 1950's, the city population dropped from a peak of over 100,000 down to 65,000. Today the city is growing moderately by California standards if measured from the new population base established with the removal of all temporary housing. Within the city boundaries are older areas, new subdivisions and vacant outlying land, creating both "suburban" and "urban" pressures simultaneously.

The newly developing areas want public resources used to meet their needs for public improvements and are not enthusiastic about spending for services and facilities in the central area. Their attitudes are sharpened by racial prejudices and class feelings.

On the other hand, part of the city is experiencing the typical patterns of change of an older, "central city" type area. The minority group population is increasing rapidly both in number and proportion; the percentage of young and old, low income, single and other categories is increasing while both the number and percentage of typical white middle class families in the older areas of the city are declining. This trend may be modified by the City's efforts to widen housing, employment, recreational and cultural opportunities.

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PART OF RICHMOND'S TEMPORARY WARHOUSING

View South from about 26th and Cutting Blvd. looking over Easter Hill shortly before the Easter Hill Housing Project was built (Early 1950's). During the war, there were nearly 20,000 units of temporary housing in Richmond.

Richmond's future role in the San Francisco-Oakland Metropolitan region will be a continuation of its present function as a residential-industrial suburb and center for the West Contra Costa County sub-region. Although industrial development will increase, manufacturing employment as a percentage of total employment will probably continue to decline, since the area has extensive oil and chemical operations which typically invest large amounts capital per employee. With the extension of freeway development and opening of rapid transit service, the Richmond area will be more closely tied to the central cities of Oakland and San Francisco.

Housing in Richmond and West Contra Costa County is predominantly single-family with some small apartments and very little large scale apartment development. The housing stock is relatively new - most of the housing has been built since 1940. This is reflected in housing conditions which are generally good, although the older areas of Richmond, and particularly parts of the Model Neighborhood area have moderately severe problems of deterioration (but not dilapidation). Community facilities vary on both a geographic basis and on an operating agency basis, but are generally less adequate in terms of number, location, size or other categories in the Model Neighborhood area.

The population of Richmond, as noted above, has fluctuated sharply in the last 30 years, but has now stabilized again. The population of the western part of the county has experienced a fairly steady normal rise throughout this period. Since the mid-fifties, growth has been moderately rapid and has occurred within the predominantly Negro areas and the new suburban areas, with population in the older predominantly white areas holding steady or declining (See Maps 2.3 and 2.4). The percentage of the population of the City of Richmond which is Negro has increased from 20% to 30% in the last six years.

Richmond's population characteristics, as measured in the 1960 U. S. Census, are more or less typical of an industrial suburb and of a community with both central city and suburban areas. The population is younger than the Metropolitan area average; families are larger; education level and incomes are lower and employment tends toward skilled and unskilled labor rather than professional, technical and managerial, but, as in most characteristics, Richmond's variance from regional or national norms is not extreme.

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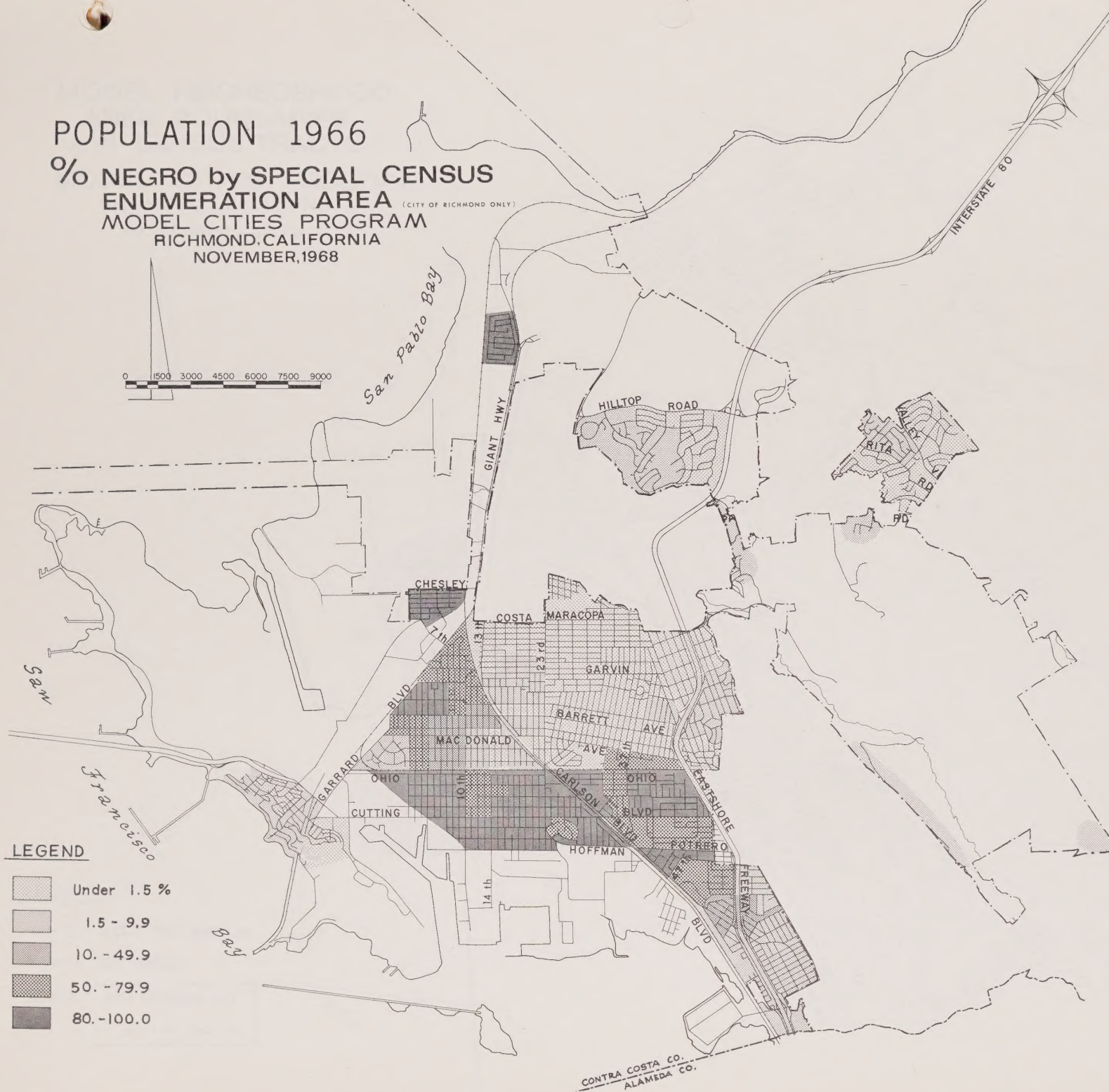
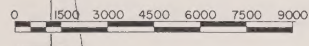
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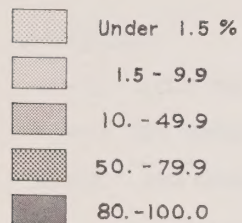


TYPICAL HOUSING IN IRON TRIANGLE AREA OF RICHMOND'S MODEL NEIGHBORHOOD

POPULATION 1966
 % NEGRO by SPECIAL CENSUS
 ENUMERATION AREA (CITY OF RICHMOND ONLY)
 MODEL CITIES PROGRAM
 RICHMOND, CALIFORNIA
 NOVEMBER, 1968



LEGEND





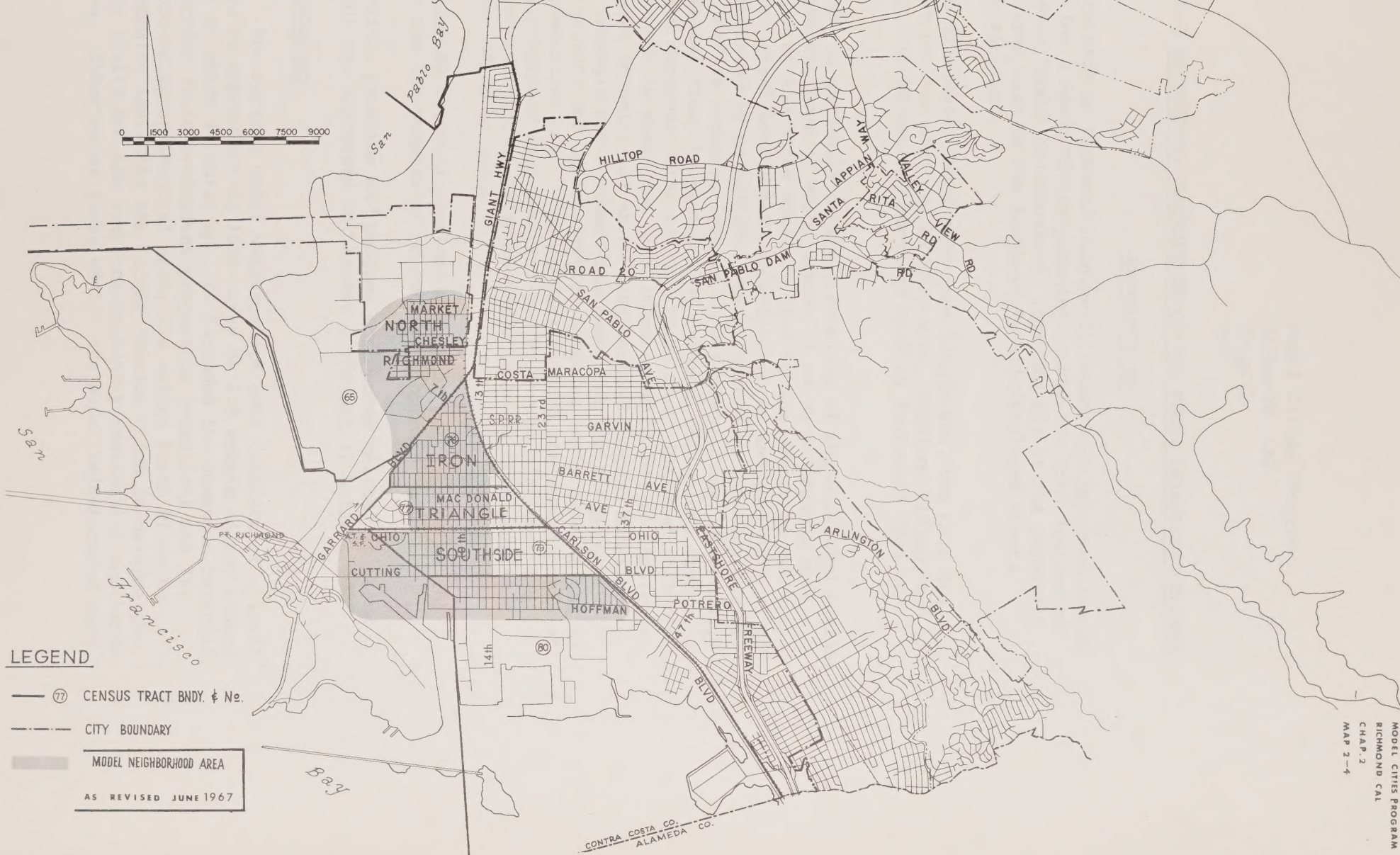
MODEL NEIGHBORHOOD AREA BOUNDARIES and CENSUS TRACTS

MODEL CITIES PROGRAM

RICHMOND CALIFORNIA

NOVEMBER, 1968

0 1500 3000 4500 6000 7500 9000



2.3 BACKGROUND DESCRIPTION OF THE MODEL NEIGHBORHOOD AREA

INTRODUCTION

When the City of Richmond originally began work on preparing an application for a Model Cities planning grant, the area designated as the proposed "Model Neighborhood" included all of the primarily residential area west of the Southern Pacific Railroad tracts except Point Richmond.

Because of Federal Government size limitation, the City was forced to cut out two portions of this area, Atchison Village and the area east of 14th Street and North of Cutting Boulevard (See Map 2.5).

The area, as presently defined, consists of three related smaller sub-neighborhoods, none of which stands alone as a complete neighborhood. Each of the three areas is tied to the others by patterns of elementary school boundaries, shopping habits and availability of commercial outlets, by established relationships to existing public and private service agencies located in different areas, by social, family and racial ties, by patterns of internal migration, church membership and numerous other links. Thus, North Richmond children go to school both in their own area (Verde School) and in the Iron Triangle (Peres School); all three neighborhoods depend heavily on the Iron Triangle and downtown business area for shopping facilities; private and public service agencies serve populations in all three communities, etc. The cutback reduced the cohesiveness of the Model Neighborhood area somewhat and made more difficult the measurement of existing conditions, since it meant that partial census tracts had to be used.

The following material provides a general description of the revised area for the purpose of an overall picture.

The specific problems and program approaches related to these various fields are discussed in Chapter 3 through 12 below.

A. BOUNDARIES

The revised Model Neighborhood area consists of a level area of approximately 1550 acres or 2.4 square miles, almost all of which is built up. It includes the downtown business district (a redevelopment project in execution) and its surrounding residential area; the entire North Richmond community including the larger portion which is outside the city limits and the very predominantly residential southside area. Other major areas within the Model Neighborhood area

are the Hensley Industrial Redevelopment Project (completed), and the industrially used waterfront area at the head of the Santa Fe Channel, south of Cutting Boulevard. These areas have been specifically included in the Model Neighborhood Area because of their important present and potential relationships to the Model Neighborhood Area.

The Model Neighborhood itself is composed of two complete census tracts and portions of three adjacent ones. These are:

Tracts: Portions of 65, 77, 79 and all of 76 and 80.

From Tract 65, only the portion of North Richmond which is primarily residentially zoned and developed, containing the bulk of the tract's population and housing, has been included in the Model Neighborhood. Bisected by the City-County line, about 3,300 people in North Richmond are included in the Model Neighborhood and live outside the Richmond City limits yet receive basic services from Contra Costa County.

B. POPULATION

Based on 1966 special census data and field surveys, the total population in the Model Neighborhood area is 18,997, with 4,520 (23.2%) in North Richmond, 8,339 (44.1%) in the Iron Triangle and 6,088 (32.7%) in the Southside. Approximately 75.6% are Black, 5.6% Mexican-American, 1.3% are Oriental and the remaining 17.5% are Caucasian or others including a few American Indians (See Table 2.1).

The larger areas used for comparison are (1966 population):

City of Richmond:	78,000
Richmond Planning Area:	170,000
Richmond Planning Area plus Pinole:	185,000
Contra Costa County as a whole:	531,000

The Richmond Planning Area, that is, the area covered by the Richmond General Plan, is the urbanized plain and hilly area in the western part of the County.

are the Menaloy Industrial Redevelopment Project (completed), and the industrially used waterfront area at the head of the Santa Fe Channel, south of Cutting Boulevard. These areas have been specifically included in the Model Neighborhood Area because of their important present and potential relationships to the Model Neighborhood Area.

The Model Neighborhood itself is composed of two complete census tracts and portions of three adjacent ones. These are:

Tracts: Portions of 62, 75, 79 and all of 76 and 80.

From Tract 62, only the portion of North Richmond which is primarily residentially zoned and developed, containing the bulk of the tract's population and housing, has been included in the Model Neighborhood. Situated by the City-County line, about 3,300 people in North Richmond are included in the Model Neighborhood and live outside the Richmond City limits yet receive basic services from Contra Costa County.

B. POPULATION

Based on 1960 special census data and field surveys, the total population in the Model Neighborhood area is 18,937, with 4,520 (23.8%) in North Richmond, 8,339 (44.1%) in the Iron Triangle and 6,088 (32.1%) in the Southside. Approximately 75.6% are Black, 2.6% Mexican-American, 1.7% are Oriental and the remaining 17.5% are Caucasian or others including a few American Indians (See Table 2.1).

The larger areas used for comparison are (1960

population):

78,000	City of Richmond
170,000	Richmond Planning Area
182,000	Richmond Planning Area plus Pinole
231,000	Contra Costa County as a whole

The Richmond Planning Area, that is, the area covered by the Richmond General Plan, is the urbanized plain and hilly area in the western part of the County.

TABLE 2.1: POPULATION COMPOSITION OF THE MODEL NEIGHBORHOOD
BY SELECTED RACIAL AND ETHNIC GROUPS-A COMPARISON BETWEEN 1960 AND 1966

A. 1960 Population by Race

Model Neighborhood (Revised)										
	Ptn. in City	County Ptn. of N. Richmond	Total: City & County		City of Richmond		Planning Area		Contra Costa County	
	No.	No.	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Total Population	16,290	3,170	19,460	100	71,860	100	152,170	100	409,040	100
White	8,720	230	8,950	46	56,070	78	129,790	85	378,890	93
Negro	7,430	2,870	10,300	53	14,390	20	19,720	13	25,300	6
Other	140	70	210	1	1,400	2	2,660	2	4,850	1
White/Sp.Surname			1,555	8	5,050	7	8,050	5	24,850	6

B. 1966 Population, by Major Racial Groups

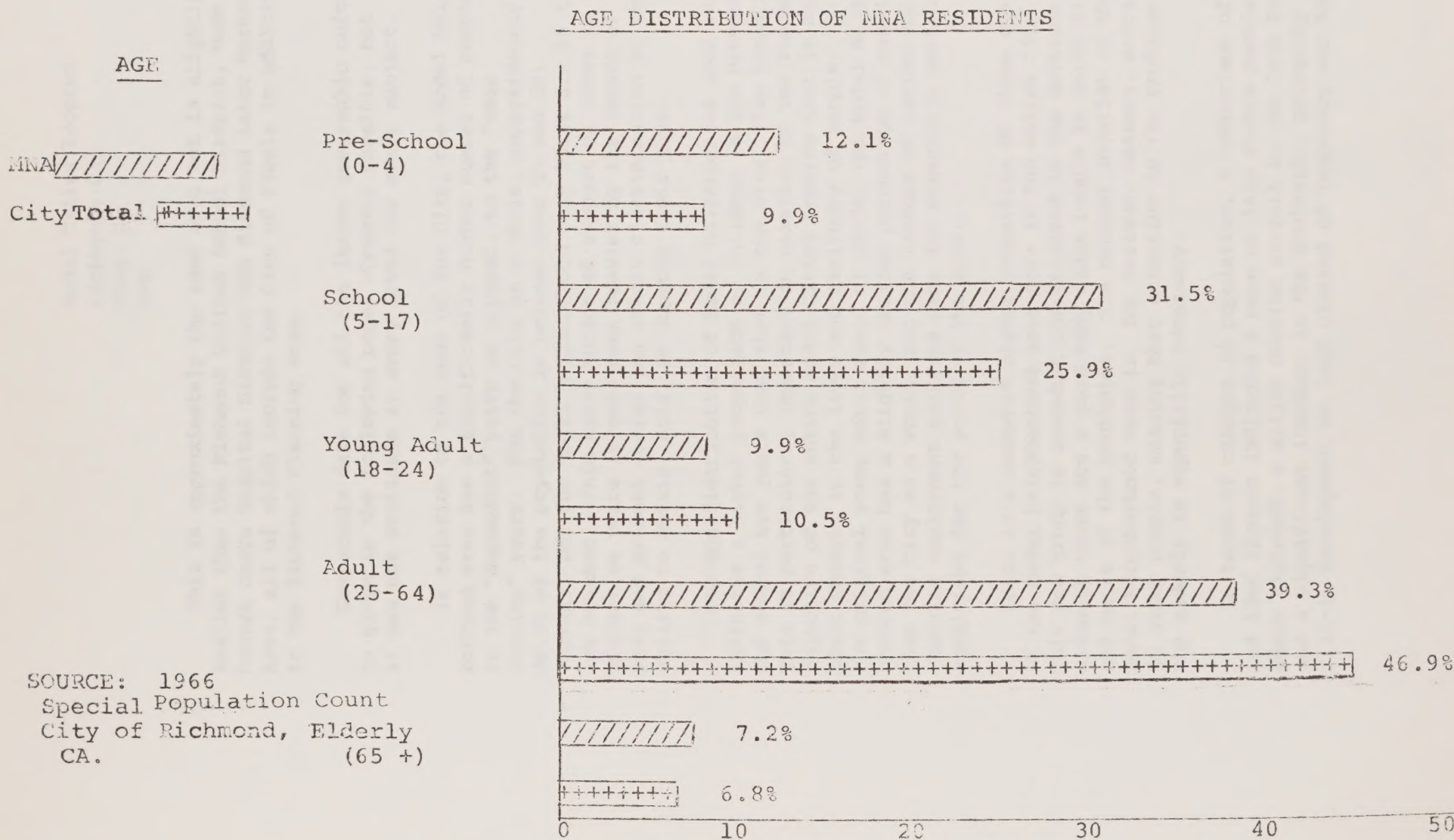
Model Neighborhood (Revised)										
	Ptn.in City	County Ptn.ofN. Richmond	Total: City & County		City of Richmond		Planning Area	Contra Costa County		
	No.	No.	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
Total Population	15,697	3,300	18,997	100	76,330	100	170,000		531,000	
White & Other	4,700	180	4,880	25	53,560	70	Not Available			
Negro	10,997	3,120	14,117	75	22,770	30	" "			
Spanish Speaking	Not available but no less than the number in 1960.									

Model City
Richmond,
Chap. 2

SOURCE: U. S. Dept. of Commerce, Bureau of the Census, 1960.
Calif. State Dept. of Finance/Richmond Planning Dept. Special
Population Count, 1966.

Table 2-2

Model Cities Program
 Richmond, Cal.
 Chap. 2
 Table 2-2

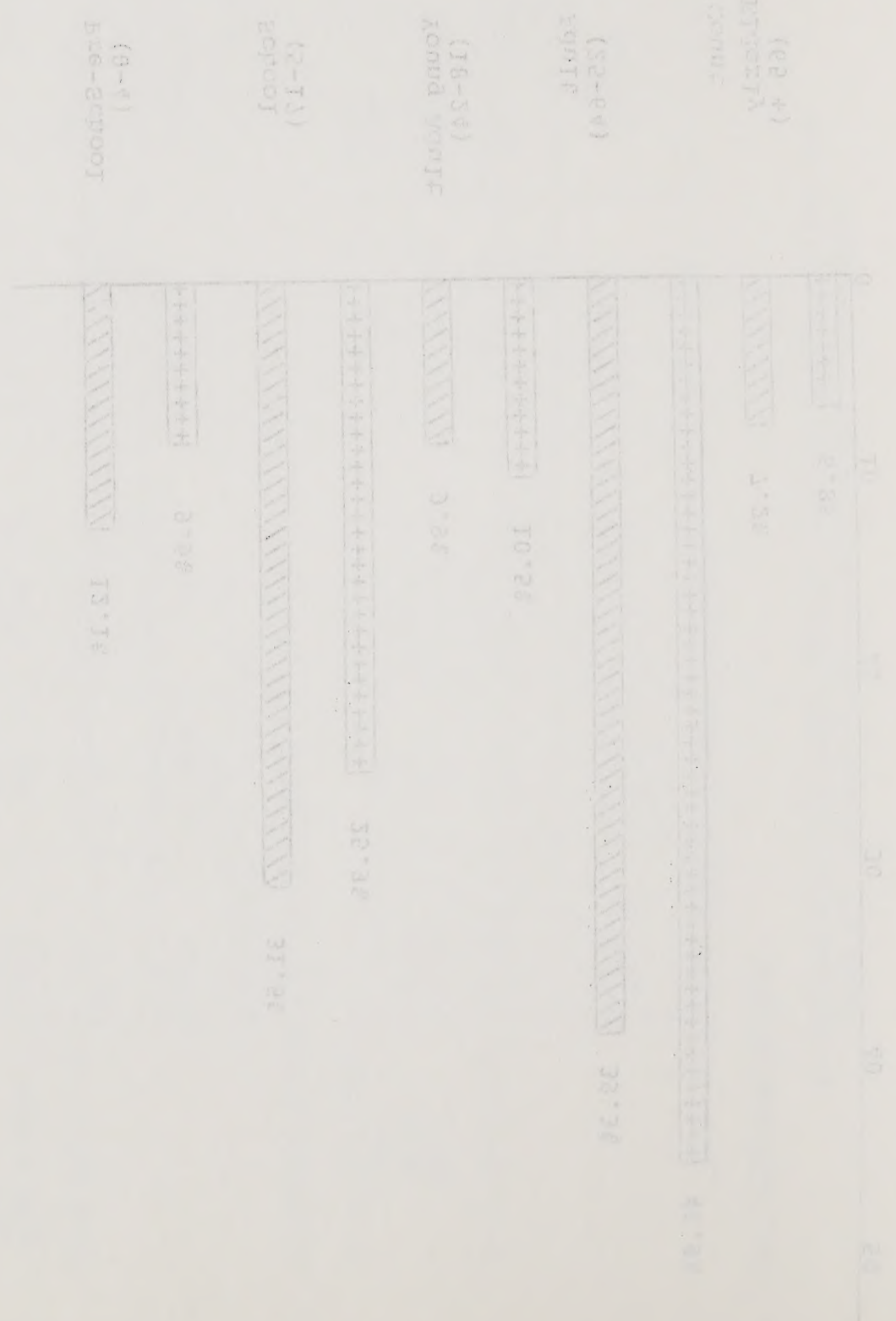


CA
City of Richmond, Calif.
Special Population Count
SOURCE: 1986

City Total

AGE

Table 3-3



DISTRIBUTION OF CITY RESIDENTS

Table 3-3
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Richmond, Cal.
Model Cities Program

This is approximately the same area but is slightly smaller than the Richmond Unified School District, West Contra Costa Hospital District and Richmond Labor Market Area, all of which include the City of Pinole in addition to the Richmond Planning Area.

Comparable data for all the larger geographic units is given in the following pages whenever possible, but it was not available at every level for every subject.

In relation to the rest of the City, the Model Neighborhood area has a significantly higher number of people in the "dependent" years as opposed, to the "wage earning" years. For the City as a whole, approximately 46.9% of the population is between ages 25 and 64; whereas, for the Model Neighborhood only 39.3% are in this age bracket. This heavy burden of support on those in the productive years is made even heavier by the impact of past and present racial and ethnic discrimination on the ability to obtain, hold, or improve their jobs.

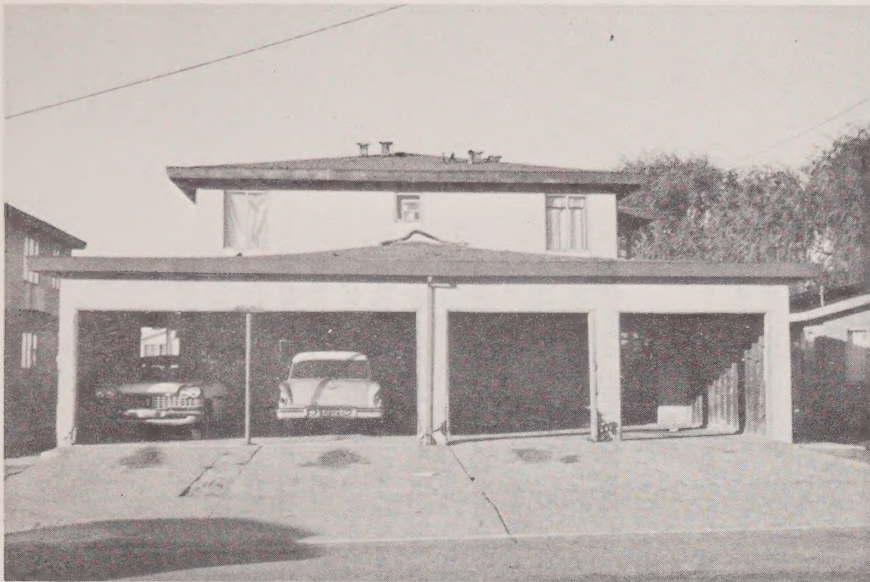
The age distribution of Model Neighborhood area residents indicates a higher proportion of children in the pre-school and school age years than that in the city. (See Table 2.2) This is particularly important in relation to the fundamental objective of the entire Model Cities Program that it make basic changes in the lives and attitudes of people. In the critical young adult range of 18-24, the Model Neighborhood area has a slightly smaller percentage of residents than the City as a whole, but the factors of racism and changing employment patterns make for especially serious conditions for the youth of the area.

There is a somewhat higher proportion of those over 65 in the Model Neighborhood area than in the entire City. This age group is somewhat concentrated in the downtown area, although there are a good many older people in North Richmond and parts of the Southside. The central location of the Model Neighborhood Area is, for various, reasons, attractive to older people, meaning that attention to the problems of the elderly is especially necessary.

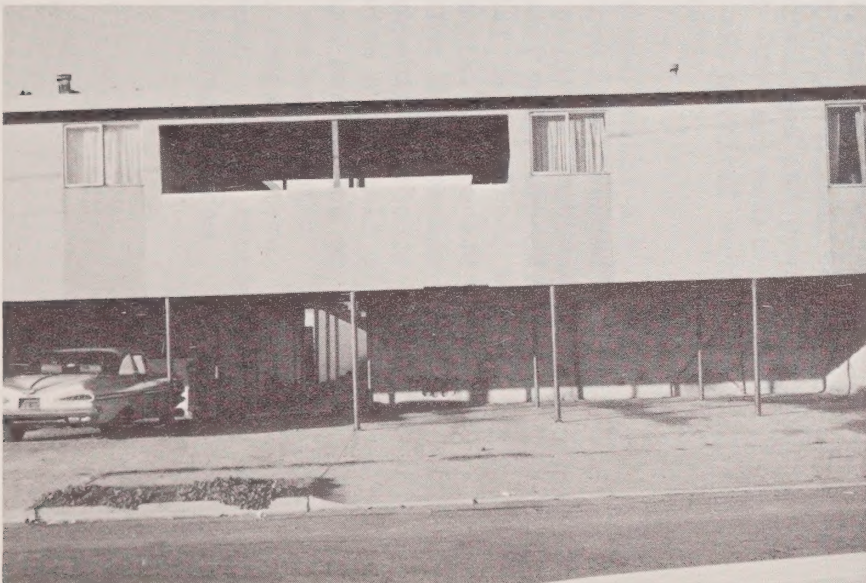
In terms of changes in population, a comparison of 1960 and 1966 figures indicates a more or less stable population in North Richmond, a slight decline overall in the Iron Triangle and a significant increase in the Southside, primarily from fill-in development on land cleared of temporary war housing.



TYPICAL STREET, CURB AND GUTTER AND SIDEWALK CONDITIONS IN NORTH RICHMOND



TYPICAL EXAMPLES OF THE FOUR-PLEX APARTMENTS BUILT IN THE LAST TEN YEARS IN THE MODEL NEIGHBORHOOD AREA. THEY PROVIDE 4 SMALL, TWO-BEDROOM UNITS ON A 50' x 100' LOT.



Extension of present trends into the future would indicate some population increase in the Southside, in North Richmond only slightly growth until potential new residential areas are developed and in the Iron Triangle only a relatively small net increase after redevelopment. Completion of the housing program under Model Cities, the transit system and a successful downtown shopping center will, however, increase the present growth rate significantly.

C. LAND USE AND DEVELOPMENT PATTERNS

The City of Richmond was established at Point Richmond about 1900, and the Model Neighborhood Area was first settled only a few years later. Prior to World War I, virtually all of the Model Neighborhood Area had been subdivided following the typical small lot gridiron pattern of the day. As early as 1921, less than 20 years after development had begun, the area was characterized by planning consultant Carol Aronovici as follows: "The general appearance of the houses, except in certain short areas, is not very attractive; signs of being ill-cared for, want of paint, cleanliness, lawn and garden cultivation, dilapidated fences, accumulation of rubbish, etc. being frequently seen." Much of the Model Neighborhood Area, especially in North Richmond and in the Southside, was still vacant at the time of the fantastic influx of people during the early war years. As a result, many structures and public improvements in the Model Neighborhood Area are relatively new. However, the general appearance and physical condition is still close to the description of 1921.

It should be noted that, although the racial and ethnic patterns in the Model Neighborhood Area changed during the war and post-war years, the basic physical problems existed prior to that. Most of the Model Neighborhood Area is low or low-medium density residential in character with single family housing and small apartments. There are no large apartment complexes and few smaller ones, except for the public housing projects. Home ownership incidence is high for a low-income minority area, with about half of the housing owner-occupied. In addition many homes or vacant lots are owned by residents of western Contra Costa County including, in many cases, people who are still residents of the Model Neighborhood. These factors were important in the development of housing program approaches.

D. PARKS, RECREATION, CULTURAL & RELATED SERVICES

Partially because of the age and original subdivision pattern and partially because Richmond has not given strong support to parks and recreation, the Model Neighborhood area is deficient in needed parks and play space, from the block level to the regional level. Despite the nearness of the Bay, there is very little water-oriented recreation. Commercial recreation facilities within the Model Neighborhood are extremely limited and very few are suitable for teenage use. Community and neighborhood oriented centers of various types are particularly needed, especially in the Southside and Iron Triangle. Commercial and business facilities are concentrated in the downtown area of the Iron Triangle, where they are adequate but unattractive; in the other parts of the Model Neighborhood, and especially in North Richmond, they are deficient.

Although perhaps unexpected in an industrial city, Richmond has long supported an extensive cultural program through its top quality library, art center, symphony and ballet programs. Contra Costa College also has served as an important center for cultural activities of all kinds. The major problem in regard to these has been the failure to actively encourage participation in their programs in the low-income and minority communities.

E. SOCIAL & ECONOMIC CHARACTERISTICS

As would be expected in a community which has a population that is 75% Negro, low incomes and high unemployment levels are typical characteristics. According to the 1960 U. S. Census, approximately one family in four had an income of under \$3000, and there has been little relative improvement in the years since 1959. This situation is emphasized by the data which indicates that the number of families on public assistance has increased nearly 25% in the two and a half years between the date for which data was reported in the original Model Cities Application and the summer of 1968.

Although there are various factors responsible for this increase, the figures serve to highlight the income problems of many Model Neighborhood Area families.

Employment problems remain serious in the Model Neighborhood area despite continuing overall economic advance in the Richmond area. The key problems of race, lack of skills and age, both young and old, remain unsolved. A few fragile gains in improving employment opportunities have been made, but even a minor economic shift could wipe them out. No important fundamental breakthrough in public or private employment or labor practices has yet been achieved.

Racially oriented conditions and practices within the schools of the Model Neighborhood area remain the most important aspects of the education problem. The difficulties of this complex area are increased by the fact that the Richmond Unified School District covers the entire western part of Contra Costa County, with a population of about 175,000, so that the Model Neighborhood area is proportionately a much smaller part of the total district than of the city itself.

Although the problems within the elementary and secondary schools are the most critical, there are major needs for pre-school and adult education, special vocational and skill training, and higher education programs. School plants in the Model Neighborhood area are generally older, less attractive and more likely to be overcrowded than other schools in the district. Unfortunately, however, the real problems of education are not well identified by citing statistics on condition of school buildings, adult literacy rates, or even drop-out rates. Fortunately, Richmond has recently had several good in depth studies focusing on various aspects of the school system to provide a better picture of education problems.

F. HEALTH

Briefly stated, the health problems of the Model Neighborhood Area might be identified as lack of money, lack of transportation, lack of services of certain types and at appropriate times and places, and lack of understanding of each other's problems and responsibilities on the part of both providers and receivers of medical services. Although these general conditions are not particularly different from those prevailing in almost all low-income communities, Richmond will have to work out its own health program in terms of its local capabilities and limitations.

G. CRIME AND DELINQUENCY PREVENTION

From the point of view of a low income and minority community, the real issue is the relationship between the community and the police. In Richmond this relationship has deteriorated since the filing of the original application. In April of this year, during the period following the tragic killing of Dr. Martin Luther King, the Richmond area had virtually no trouble and the community as a whole was in a position to congratulate itself for a very mature response at a trying time. However, less than three months later the North Richmond shooting of a teenage auto theft suspect by a reserve police officer triggered several days of unrest and disturbance. Direct negotiation between black community leaders and the City produced a fairly acceptable answer to most community demands as far as the incorporated area was concerned; negotiations with the County Sheriff's office were much less successful. Within a week or so of the incident, the City Council established a policy on use of weapons which was well accepted in the black community. However, the Council shortly thereafter reversed this policy when subjected to considerable pressure created by ultra-conservative elements in the community. This very much angered the majority of Model Neighborhood residents and, as of today, there is still a great deal of resentment and distrust of "City Hall" and police-community relations are still quite strained.

H. CONCLUSION

The Model Neighborhood Area has all the problems of the typical United States central city, yet its character and size are such that dealing with these problems can provide a serious proving ground to determine whether effective programs can be devised to improve such an area. At the same time, the area is not such a small part of the problem that it fails to make a real impression on the community.

This opportunity to make a significant impact on the City's problems is enhanced since there exists well-established face-to-face relationships among residents of the area, staff personnel from the cooperating public and private agencies as well as the City Council members and other elected and appointed members of the decision-making bodies.

2.4 GENERALIZED PROBLEM OF THE MODEL NEIGHBORHOOD AREA

A. INTRODUCTION

There are certain problems facing the people of the Model Neighborhood Area which are general in nature and

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I. A GENERALIZED PROBLEM OF THE MODEL NEIGHBORHOOD AREA

A. INTRODUCTION

There are certain problems facing the people of the Model Neighborhood Area which are general in nature and

pervade virtually all of the other more specific problems. These can be broadly identified as (1) those problems related to the basic nature of our economy, (2) problems stemming from racism, discrimination and cultural barriers, and (3) problems of lack of political strength in proportion to numbers in low-income communities. Although these are broad problems deeply entrenched in our society and not susceptible to quick and easy local solutions, nevertheless the Model Cities Program must be concerned with them.

The specific program approaches proposed in the Richmond Model Cities Program, given in detail in the following chapters, are usually aimed at some immediate local problem involving housing, health, public services, etc. But, to some extent, almost all of the program approaches are aimed at one or more of these pervasive general problems.

B. PROBLEMS OF ECONOMIC DISLOCATION

It is today a well-know fact that the rapid rate of change in our economy is creating many hardship situations for people which are clearly not their own fault. We talk about increased automation and the demand for skills almost without realizing the effect of this on the marginally employable. People of all ages are left jobless, but particularly this happens to the older worker for whom retraining cannot be economically justified, the young worker who has no experience or who has been alienated out of the "training system" and cannot qualify, or the worker with a physical or mental handicap of some type. This shunting aside of people who do not fit into the economic picture occurs disproportionately amongst Black people and other minorities, both as a result of direct present discrimination and because of the continuing effect of past discrimination especially as it relates to educational opportunities. Consequently, as noted above, it underlies many of the specific problems found in the Model Neighborhood Area.

The Richmond Model Cities Program is not capable of significantly altering the national, social and economic context which creates these problems of unemployment or underemployment. However, it does have as a general goal: To increase the understanding of the basic nature of the problem, i.e., that where a person or family suffers hardship because of the inability of our economic system to provide for the marginally employable, the responsibility for overcoming that hardship is primarily a social responsibility rather than an individual responsibility.

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The major "program approach" necessary for achieving this goal is the education of the political leadership and the residents of the Richmond area as to this underlying reason why individual hardships occur. Without adequate understanding there will be inadequate support for constructive programs to alleviate the specific health, housing, education or other problems resulting from lack of income. In addition, there must also be education of the public or private agency staff people who carry out programs. This is perhaps even more important for it is their day to day contact which does most to create the success or failure of any given program.

The means for providing this educational approach under Model Cities are:

1. Continuous presentation of the data or information which document this problem to all of those who make or influence policy for Model Cities related programs that have been set up to assist victims of the problem.
2. Confrontation by, and involvement of, the people who know the problem from personal experience in the decision or policy process.

These two approaches will be an integral part of all of the Model Cities Program's specific efforts aimed at alleviating conditions caused by defects in our economic system. Whenever such a program is described, whether it be subsidized housing for low-income families, or re-training of older workers, or health services for the elderly, they should be kept in mind and considered as part of the total program approach.

C. PROBLEMS OF RACIAL AND ETHNIC DISCRIMINATION

Richmond can make no claim to being other than typical of Northern and Western cities in its racial climate. Discriminatory policies and practices pervade the public and private agencies and groups of the community, and, although the city as such is young, the heritage of racism is as long as elsewhere.

Without going into detail it is appropriate to refer to the historical context of this problem, since it serves to show its depth and the difficulty of solving it with quick, half-way measures. Two hundred and fifty years of slavery, nearly a hundred years of rural poverty, and "Jim Crow-ism" and twenty years in a Northern ghetto lie behind the distrust and resentment, lack of confidence and identity and scarcity of resources in the Negro community. And although less

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These also are problems which are essentially national in context and not easily solved within a single community. But, it is not unrealistic to set as a goal for Richmond's Model Cities Program the elimination of all manifestations of racism and ethnic discrimination, both open and covert, from the public and private agencies which provide services or otherwise operate in the Model Neighborhood Area.

To achieve this goal within a five year program may not be truly possible, but setting any lesser goal is simply inadequate for our times. Program approaches which will be carried out include:

1. Integration generally of Negroes and Mexican-Americans into the employment, school, housing and living patterns of the community. Direct personal contact, artificially established if necessary, is the surest way to reduce irrational prejudices and discriminatory practices.
2. At the same time, the Model Cities Program will seek to encourage the Black and Mexican-American communities to develop programs, institutions and ideas which are entirely their own, in order to increase self-esteem and refute charges of inferiority and lack of competence.

The simultaneous pursuit of both of these objectives is necessary and they are by no means incompatible. They, too, will be included as part of each of those other program approaches directed at specific problems and will be included as component parts of them, whether it be the all-Black development of an integrated housing project or the establishment by Mexican-Americans of an industry where employment is open to all.

The third general problem is that of disproportionately low political representation. This is a problem of long standing in the United States, yet one which also has a long established pattern of gradually being responded to. Americans have, by fits and starts, reduced the limitations on participation in government, and recently the efforts to bring the poor, and especially the minority poor, into the mainstream of government have been greatly increased. In this area the goal of the Richmond Model Cities Program has been

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The Citizens of the Richmond Model Neighborhood Area shall have a real opportunity to participate directly in policy making, planning and carrying out the Richmond Model Cities Program.

Richmond has already begun its program approach for carrying out this goal, but it has not and in fact cannot complete it, since such direct citizen participation must become a permanent part of the local, state and federal government structure, wherever it deals with the Model Neighborhood Area. At this stage, the significance of this approach is the need to expand and solidify the new patterns of political participation now being developed.

In conclusion, it merits repeating that all of the goals and program approaches discussed above are designed to eliminate the 3 basic problem causes for it is toward these larger goals which all the others, in fact our whole society, must strive.

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CHAPTER 3 _ LAND USE, TRAFFIC AND PHYSICAL IMPROVEMENTS

3.1 EXISTING CONDITIONS - LAND USE AND APPEARANCE

INTRODUCTION

The three subject areas of this chapter have been grouped together primarily for purposes of the organization of the comprehensive program, although they do have a number of important interrelationships. In order to provide continuity from problem analysis thru goals and program approaches to priorities and strategies, each subject is discussed separately.

A. PROBLEM ANALYSIS - LAND USE

Although the Model Neighborhood Area is primarily residential, the most important land use considerations stem from its relationship to nearby vacant or industrial and commercial land. (See area map and land use maps of each sub-area of the Model Neighborhood Area) Despite having an excellent waterfront location on beautiful San Francisco Bay and a particularly pleasant micro-climate, residential development in the city was never oriented toward the waterfront except for a small part of Pt. Richmond. Promoters of Industrial Development pre-empted the waterfront for industrial use and set aside the areas further inland for use for housing for workers who were to flock to the new plants. This basic pattern was established very early and is firmly entrenched today with the result that only a highly focused effort can expect to succeed in shifting any of the present industrial waterfront to alternate uses, such as commercial, residential or park development.

The inability on the part of early promoters and civic leaders to recognize the multiple use possibilities of waterfront land, the fact that much industrially zoned land was underused or never used, except during the World War II crisis, and the excessive subdivision of land for residential use all are underlying factors in the "image" problem from which Richmond suffers severely. This problem was present prior to World War II, reached immense proportions during the war, and then

CHAPTER 3 LAND USE, TRAFFIC AND PHYSICAL IMPROVEMENTS

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The inability on the part of early promoters and civic leaders to recognize the multiple use possibilities of waterfront land, the fact that much industrially zoned land was underused or never used, except during the World War II crisis, and the excessive subdivision of land for residential use all are underlying factors in the "image" problem from which Richmond suffers severely. This problem was present prior to World War II, reached immense proportions during the war, and then

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was left behind by white residents as their legacy to those who couldn't move out or those, mostly black or Mexican, who were permitted to move in. Today, there are several places where the residents of the Model Neighborhood Area could push thru to their nearby waterfront either by taking advantage of vacant land or by making relatively small scale changes in the use of waterfront land.

The second significant land use consideration in the Model Neighborhood Area is the relationship of present residential areas to the downtown or central business district (CBD) and adjacent proposed rapid transit station.

As a result of changing shopping patterns and because of the loss of nearby population when thousands of temporary housing units were emptied, Richmond's downtown was in economic trouble by the late fifties. Redevelopment was adopted as a means of meeting the problem. (See Map 3.1 Redevelopment Projects) Today, the downtown redevelopment project (Federal project no. Calif. R-56) is well into the executive phase. The original proposal called for considerable retention of major existing buildings plus about a thousand new housing units to offset the five hundred to be cleared. However, as of this writing an option has been granted to a large shopping center developer to put together a regional shopping center with the three or more major department stores as anchors. If this center is successfully promoted the Richmond Central Business District will be much more economically significant than previously envisioned, the entire 96 acre project will be devoted to the center, related parking and other non residential uses (land for one or two hundred residential units will still be available). This change means that there will be increased pressure on the areas near, but outside, the redevelopment project for new higher density development. This will be especially true within walking distance of the rapid transit station which will be just west of the downtown at Nevin Ave. and the Southern Pacific R.R. It will also affect traffic patterns, location of satellite commercial developments and, of course, land values. Even if the shopping center proposal is unsuccessful, there will never-the-less be need to consider the important relationship of the Model Neighborhood Area to the downtown/transit station area.

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A third land use consideration is the presence of many small, scattered vacant lots, mostly under 10,000 sq. ft. in size (there are very few available larger vacant sites). The vacant land is widely distributed and there is no concentration of ownership in a few hands. Because they are seldom maintained in any way, they constitute a major "eyesore" problem and their constructive use is very important in several ways to the community.

B. PROBLEM ANALYSIS - ZONING

There are a number of zoning problems within the Model Neighborhood Area, some where the use category is inappropriate and others where the provisions of the ordinance are in need of change. The two zones which constitute the major problem are the R-2 zone, which permits one unit per 1250 sq. ft. of land area, or a density of about 32 units/acre, and the R-3 zone which permits one unit per 400 sq. ft. of land area or a density of over 100 units per acre. Although these zones are appropriate in certain key areas, they originally blanketed virtually the entire MNA. But where existing development is mostly single-family and where the land subdivision pattern had created numerous 25 and 50 ft. lots, they are inappropriate. This situation exists many parts in the Model Neighborhood, although in some sections, the problem has already been resolved by rezoning from apartment (R-2) zoning to single-family (r-1). Usually this has been a direct response to intrusion of low-quality four-plex apartments into areas where existing development was mainly single-family and where there was sufficient community organization to create the political pressure needed.

However, there remains a number of acres where changes are still necessary. These are:

1. North Richmond (city portion) now zoned R-2 almost entirely, but built up at much lower densities.
2. The Iron Triangle, now largely zoned R-2 and R-3 (especially close to the downtown area), but also with excessive and inappropriate areas zoned for commercial manufacturing (CM) and general industry (M-2).

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3. The Southside area, south of Cutting Blvd. now zoned R-2 and parts of the Cutting Boulevard frontage now zoned for strip commercial and R-3.
4. Generally along or near railroad rights-of-way, there is undesirable light industrial (M-1) and general industrial (M-2) zoning.
5. North Richmond (county portion) industrial zoning to close to residential use, surrounds and confines area without any buffer protection.

Where potential development under present zoning poses an immediate threat to the surrounding area, re-zoning to the most appropriate present zone is necessary. But the longer range solution to many of the zoning problems requires modification of the ordinance to insure that the zoning classification is actually the most desirable kind of control possible. The City Planning Department is currently working on a major revision of the City's zoning ordinance, but it may be several years before all of the necessary changes are worked out and incorporated into the ordinance. This means that in the meantime a way must be found to insure close review and control of development proposals, even if they conform to present or newly changed zoning use regulations. Some legal control, such as the "controlled development" additive zone, is needed to make sure that the Model Cities program doesn't work against itself by encouraging poor development to move in on the area.

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3.2 GOALS AND PROGRAM APPROACHES

A. INTRODUCTION

Generally, the two ways in which the Model Cities Program will approach land use problems are:

- (1) For the residents of the area, through the Model Cities Board and staff and thru other community organizations, to participate in all land use planning relating to the MNA. This will include direct participation in the development of plans for key waterfront areas, in any highway or thoroughfare route location and design studies in land use planning for the downtown redevelopment project and its envisions, in park and public facility location planning, and planning for other significant land uses. To the extent necessary, the Model Cities Board will independently prepare studies and make evaluations of proposals, especially where effective direct participation has been denied or circumvented.
- (2) For the residents of the area, again through the Model Cities Board and staff and thru other community organizations, to participate in all stages of the review and approval of specific projects or development proposals. Again, if necessary, the Model Cities Board will independently obtain any necessary expert or technical advice needed to permit proper presentation of their position.

B. OVERALL OBJECTIVES

The overall objectives for land use are (1) to capitalize on the potential economic, cultural and recreational advantages of the Model Neighborhood location - which includes the downtown, and adjoins major industries and the San Francisco Bay waterfront; (2) to reduce the adverse effects of its bordering industry, the railroads which chop it up, and its old, poor quality, pattern of land subdivision.

3.1 GOALS AND PROGRAM APPROACH

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Generally, the two ways in which the Model Cities Program will approach land use problems are:

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OVERALL OBJECTIVES

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The overall objectives for land use are (1) to capitalize on the potential economic, cultural and recreational advantages of the Model Neighborhood location - which includes the downtown, and adjacent major industries and the San Francisco Bay waterfront; (2) to reduce the adverse effects of its bordering industry, the railroads which chop it up, and its old, poor quality, pattern of land subdivision.

These overall objectives have been broken down into the following goals:

- (a) Make use of the strategic location of the Model Neighborhood area in relation to the downtown, the rapid transit system, the waterfront, and the industry for the economic benefit of the present residents.
- (b) Make the Model Neighborhood Area a better place to live by taking advantage of recreational, cultural and educational opportunities afforded by its location.
- (c) Involve the Model Neighborhood Area in joint planning with agencies and other neighborhoods in Richmond with which it shares particular interest.
- (d) Increase the residential amenity and reduce the feeling of threatened industrial encroachment.
- (e) Make better use of vacant land.
- (f) Make the Model Neighborhood Area pleasant to live in, restful to walk through, and pretty to look at.

C. SUMMARY OF GOALS AND PROGRAM APPROACHES

Goal No. 1: Use Strategic Location of Model Neighborhood Area in Relation to the Downtown, the Rapid Transit System, the Waterfront, and Industry for the Economic Benefit of the Present Residents. The program approaches for goal number one are:

- (a) Work with appropriate agencies, public and private, to secure jobs, to develop businesses as part of the downtown commercial activity and to spur development of industry owned by Model Neighborhood residents.
- (b) Work out housing approaches so that present residents can share in increased land values which will eventually result from downtown development.

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(b) Make the Model Neighborhood Area a better place to live by taking advantage of recreational, cultural and educational opportunities afforded by its location.

(c) Involve the Model Neighborhood Area in joint planning with agencies and other neighborhoods in Richmond with which it shares particular interest.

(d) Increase the residential density and reduce the feeling of overcrowded industrial environment.

(e) Make better use of vacant land.

(f) Make the Model Neighborhood Area place to live in, resistant to walk through, and pretty to look at.

SECONDARY OR GOAL AND PROGRAM APPROACHES

Goal No. 1: Use strategic location of Model Neighborhood Area in relation to the downtown, the rapid transit system, the waterfront, and industry for the economic benefit of the present residents. The program approaches for goal number one are:

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(b) Work out housing approaches so that present residents can share in increased land values which will eventually result from downtown development.

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- (c) Develop taxing safeguards to prevent residents from losing their present ownership in the period before land values actually increase. Develop relocation payment systems which recognize possible future land value. Develop rebuilding approaches, such as condominiums and co-ops, which will help owners of small lots capitalize on their ownership.
- (d) Help plan, build, own and operate a commercial-recreation waterfront development at the head of the Santa Fe Channel.
- (e) Join with city, railroad companies and others in planning for new industrial, commercial and recreational uses suggested by (1) the city's purchase of old Shipyard number 3 at Point Richmond South and (2) the proposed "land bridge" (containerized freight from ship to rail to ship) near the inner harbor (as recommended by the Bay Conservation and Development Commission).

Goal No. 2: Make the Model Neighborhood Area a Better Place to Live by Taking Advantage of Recreational, Cultural and Educational Opportunities Afforded by Its Location. The program approaches for Goal No. 2 are:

- (a) Locate new or expanded recreational, cultural and educational facilities in the Iron Triangle where they will be easily accessible, will be an attraction to city-wide participation and will provide special advantages of convenience and identification to Model Neighborhood Area residents. Specifically: study the possible location for a new vocational-technical school and a rebuilt Kaiser Hospital. Place the learning diagnostic center, Childrens Museum, and auditorium and cultural center in the downtown park strip as a neighborhood anchor and a contribution to downtown activity area.
- (b) Develop program and try to find funds for a regional out-door educational camp-school near Wildcat Creek using marshland nature study area.
- (c) Encourage expansion of and improved access to nearby waterfront recreation facilities.

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 - (b) Develop program and try to find funds for a regional out-door educational camp-school near Wildcat Creek using marshland nature study area.
 - (c) Encourage expansion of and improved access to nearby waterfront recreation facilities.

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Goal No. 3: Involve Model Neighborhood Area in Joint Planning With Agencies and Other Neighborhoods In Richmond With Which It Shares Particular Interests.

The program approaches to Goal No. 3 are:

- (a) Plan jointly with Point Richmond for land activities which relate to and are of benefit to both communities. (Hills preservation; industry encroachment, recreational potential, etc.)
- (b) Exploit existing formal ties with public planning agencies.

Goal No. 4: Increase Residential Amenity and Reduce Feeling of Threatened Industrial Encroachment. The program approaches for Goal No. 4 are:

- (a) Where land is now inappropriately zoned for industry, help the neighborhood study, rezone and develop this land for recreation, agriculture and housing.
- (b) Strengthen requirements and improve enforcement of ordinances to provide buffers and landscaping between residential and non-residential uses.
- (c) Reduce adverse effects on non-conforming uses in residential areas.
- (d) Study elimination of garbage dump and improved handling of solid wastes, including auto junkyards.

Goal No. 5: Make Better Use of Vacant Land. The program approaches for Goal No. 5 are:

- (a) Encourage scattered site buildings or move in good houses wherever possible.
- (b) Lease for use by neighbors or for community recreation.
- (c) Change city and county ordinances to require more clean up and care and better landscaping than present Weed-Abatement Ordinances.

Goal No. 6: Make the Model Neighborhood Area Pleasant To Live In, Restful To Walk Through and Pretty To Look At.

Goal No. 3: Involve Model Neighborhood Area in Joint Planning With Agencies and Other Neighborhoods in Richmond With Which It Shares Particular Interests. The program approaches for Goal No. 3 are:
(a) Plan jointly with Joint Richmond for land activities which relate to and are of benefit to both communities. (Hills preservation; industry encroachment; recreational potential, etc.)

(b) Explore existing formal ties with public planning agencies.

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Goal No. 6: Make the Model Neighborhood Area Pleasant To Live In, Resilient To Walk Through and Pretty To Look At.

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The program approaches for Goal No. 6 are:

- (a) Request the Planning Commission to add a CD (controlled development) designation to zoning throughout the Model Neighborhood Area in the city portion (and equivalent treatment in the county) so that all building and remodeling plans can be reviewed for design quality.
- (b) Encourage use of community design center services and other expert design services offered to Model Neighborhood residents.
- (c) Find ways to speed undergrounding of utilities.
- (d) Negotiate with railroad companies to assist in massive landscaping of railroad rights of way.
- (e) Develop and carry out plan for landscaping along major streets and for making street signs, benches, waste baskets, etc. attractive. Investigate possibilities for manufacturing these within the Model Neighborhood Area and by locally owned businessmen.
- (f) Through block organization, in connection with housing programs, help residents design and maintain improved landscaping and enforce ordinances requiring landscaping by landlords and builders.

The program approaches for Goal No. 3 are:
(a) Request the Planning Commission to add a
CD (controlled development) designation to
zoning throughout the Model Neighborhood
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treatment in the county) so that all building
and remodeling plans can be reviewed for
design quality.

(b) Encourage use of community design center
services and other expert design services
offered to Model Neighborhood residents.

(c) Find ways to speed undergrounding of utilities.

(d) Negotiate with railroad companies to assist in
massive landscaping of railroad rights of way.

(e) Develop and carry out plan for landscaping along
major streets and for parking street signs,
benches, waste baskets, etc. attractive. Invest-
gate possibilities for manufacturing these within
the Model Neighborhood Area and by locally owned
businessmen.

(f) Through block organization, in connection with
housing programs, help residents design and main-
tain improved landscaping and enforce ordinances
regarding landscaping by landlords and builders.

3.3 PRIORITIES AND STRATEGY

A. PRIORITIES

The time priorities are:

Immediately

Continue Informal Discussions With Redevelopment Agency and Planning Commission in Regard to the Downtown Shopping Center Proposal (Note: Formal Agreements Can Be Reached Only After A Decision Is Reached By the Developers Who Hold An Option On The Downtown Shopping Center.)

Year One

Proceed With Improvements In Environment and Building In Those Areas Where Land Use Is Settled, Meanwhile Working As Rapidly As Possible To Resolve Any Problems Which Might Hold Up Work In Remaining Areas.

Request Zoning Change To Controlled Development (CD) To Provide Design Review For All New Buildings And Remodeling.

Assist Neighborhoods In Developing Needed Changes In Present Zoning.

Assist Neighborhood Groups In Increasing Skill In Reviewing Development Proposals Which Affect Community Appearance.

Begin Combination Of Efforts To Get Vacant Land Put To Beneficial Use.

Implement Formal Planning Agency Ties By (1) More Involvement Of Model Cities and (2) Neighborhood Exhibits To Show How Plans Of Other Agencies Relate To The Model Neighborhood Area.

Start Urban Beautification Projects And Other Landscaping Activities.

Study Feasibility In Detail Of Major Land Use Proposals For Waterfront Areas.

3.3 PRIORITIES AND STRATEGY

A. PRIORITIES

The three priorities are:

Immediately

Continue informal discussions with Redevelopment Agency and Planning Commission in regard to the Downtown Shopping Center Proposal (Note: Formal Agreements Can Be Reached Only After A Decision Is Reached By The Developers Who Hold An Option On The Downtown Shopping Center.)

Year One

Proceed With Improvements In Environment and Building In Those Areas Where Land Use Is Settled, Meanwhile Working As Rapidly As Possible To Resolve Any Problems Which Might Hold Up Work In Remaining Areas.

Request Zoning Change To Controlled Development (CD) To Provide Design Review For All New Buildings And Redevelopment.

Assist Neighborhoods In Developing Needed Changes In Present Zoning.

Assist Neighborhood Groups In Increasing Skill In Reviewing Development Proposals Which Affect Community Appearance.

Begin Combination Of Efforts To Get Vacant Land Put To Beneficial Use.

Implement Formal Planning Agency Ties By (1) More Involvement Of Model Cities and (2) Neighborhood Exhibits To Show How Plans Of Other Agencies Relate To The Model Neighborhood Area.

Start Urban Beautification Projects And Other Landscaping Activities.

Study Feasibility In Detail Of Major Land Use Projects For Waterfront Areas.

Year Two

Increase Urban Beautification, Landscaping And Other Street Right-of-way Improvement Activities.

Where First Year Waterfront Land Use Studies Show Things Which Can Be Done Immediately, Proceed With Working Drawings.

Year Three Thru Five

Complete Landscaping And Beautification.

Continue Improvement Of Zoning.

Review and Revise Plans As Needed.

B. STRATEGIES

Capitalize On Relationship Between Residential Neighborhoods And Adjacent Waterfront And Key Commercial And Industrial Areas.

Keep Present Dwellings and Minimize Land Use Changes Until The Downtown Commercial Development Is Well-Advanced In Order To Assure That Surrounding Changes Will Benefit Rather Than Exclude The Present Residents.

Provide A Strong Land Use Attraction At The Sixth Street Side Of The Redevelopment Area To Help Tie The Downtown Shopping Area To The Community.

Make Maximum Use Of Remodeling And Fixing Up Streets, Landscaping, Etc., To Provide An Immediate Sprucing Up Of The Appearance Of The Model Neighborhood.

In regard to the first two strategies, the essential intent is to insure that the MNA take maximum advantage of its key location and then to make sure that the low-income or minority residents get some real and direct benefit, financially and in terms of living conditions, from the values created by proper development of the area. The old approach that pushes low-income and minority people out as soon as an area begins to appeal to others will not be accepted in the MNA.

Year Two

Increase Urban Beautification, Landscaping and Other
Street Right-of-Way Improvement Activities

Where Basic Year Waterfront Land Use Studies Show
Things Which Can Be Done Immediately Proceed With
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Year Three thru Five

Complete Landscaping and Beautification.

Continue Improvement of Eoning.

Review and Review Plans as Needed.

STREETS

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Until The Downtown Commercial Development Is Well-
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vantage of its location and then to make sure that
the low-income or minority residents get some real and
direct benefit, financially and in terms of living
conditions, from the values created by proper develop-
ment of the area. The old approach that passed low-
income and minority people out as soon as an area
began to appeal to others will not be accepted in
the MHA.

3.4: EXISTING CONDITIONS-TRAFFIC AND TRANSPORTATION

A. PROBLEM ANALYSIS-TRAFFIC

Traffic problems affect the Model Neighborhood Area at at least three different levels, the level of the proposed freeways, the level of major thoroughfare location, and the level of local, specific traffic control and hazard problems.

At the freeway level, the major question is the location and design of the so-called Northwest Freeway. This route, now included in the State Freeway Plan, as yet has no designated alignment.

Disagreements as to location by affected local communities, including the cities of Richmond and San Pablo, plus the unincorporated El Sobrante area, have prevented a route location agreement. The alternate alignments under consideration, in any event, go through the Model Neighborhood Area and will have several serious detrimental affects on it (see map 3.2).

The Planning Consultants engaged by the Model Cities Board under the supplement Community Renewal Program were asked to review the proposed routes and to study whether there was actually sufficient need for a full freeway-type facility. Referring to the fact that present traffic volumes were not attaining the earlier projection in which the need for the Northwest Freeway were based, the consultants state:

"The existing need for a freeway type circumferential route is not at all evident from the existing information. Analysis of 1975 desire lines, tempered by the lack of projected development to date, indicates that this freeway route would serve as an intra-city facility rather than inter-city facility."

"It is recommended:

- a. That the proposed Northwest Freeway be restudied and that consideration be given to replacing it with a high type thoroughfare requiring less land and providing adequate local service.

3.4: EXISTING CONDITIONS-TRAFFIC AND TRANSPORTATION

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Traffic problems affect the Model Neighborhood Area at least three different levels: the level of the proposed freeways, the level of major thoroughfare location, and the level of local specific traffic control and hazard problems.

At the freeway level, the major question is the location and design of the so-called Northwest Freeway. This route, now included in the State Freeway Plan, as yet has no designated alignment.

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"The existing need for a freeway type circumferential route is not at all evident from the existing information. Analysis of 1975 design lines, tempered by the lack of projected development to date, indicates that this freeway route would serve as an intra-city facility rather than inter-city facility."

"It is recommended:

- a. That the proposed Northwest Freeway be restricted and that consideration be given to replacing it with a high type thoroughfare requiring less land and providing adequate local service.

- b. That the City of Richmond explore with the State Division of Highways construction of this proposed thoroughfare in the future, possibly as part of the Federal Aid Secondary Network." *

Although a freeway or alternate type facility is unlikely to be built in less than ten years, it is most important that the question of location and design standards be resolved as soon as possible so that related planning, development and community improvements can proceed on a sound basis. The Northwest Freeway situation represents a good opportunity to undertake the new coordinated and comprehensive approaches to freeway location and design currently being developed and implemented by the Federal and State Governments.

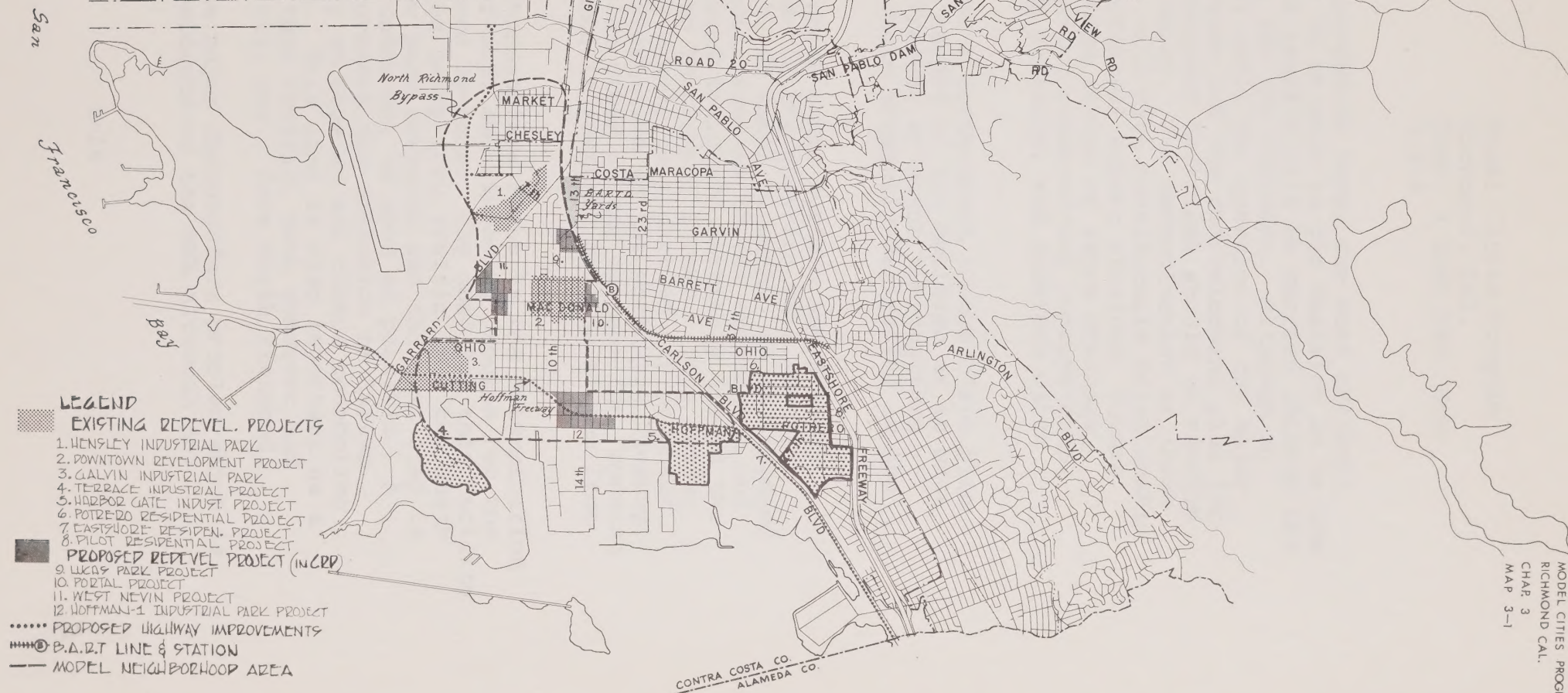
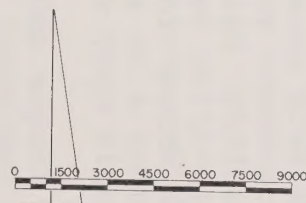
The second freeway problem is one which is more urgent since actual construction may begin in a few years and right-of-way is already being acquired. The proposed Hoffman Freeway will connect the Richmond-San Rafael Bridge with Interstate 80, the Eastshore Freeway and will run through and adjacent to the south side (see map 3.2). It is very critical that the design of this facility, especially in the area between 1st & 23rd Streets, be developed so as not to effectively cut the Model Neighborhood Area off from the nearby waterfront area and from development of ties with the Pt. Richmond area. As noted by Center for Environmental Design, Planning and Development, in their report (p.23) it is important "a. That the Hoffman Freeway be placed on structure to obtain more open area from First Street to Twenty-Third Street. Negotiations with the Division of Highways should commence immediately in order to amend the Freeway Agreement before this facility reaches the final design stage."

As with the Northwest Freeway, early resolution of the Hoffman Freeway questions is very important to the development of related plans and proposals.

*From: "Final Report on Parks & Open Space, Urban Beautification, Waterfront Resources, & Traffic Analysis" for Richmond, Calif. Model Cities Program by Center for Environmental Design, Planning, & Development, Fremont, California, Oct. 1968-p. 23,24.

REDEVELOPMENT PROJECTS & MAJOR HIGHWAY IMPROVEMENTS IN THE MODEL NEIGHBORHOOD AREA.

MODEL CITIES PROGRAM
RICHMOND, CALIFORNIA
NOVEMBER, 1968



At the major thoroughfare level the most critical decision which needs to be made is the decision as to how and where north-south traffic will be carried through the Iron Triangle and to the new downtown. Although no decision can be final until the question of the major regional shopping center and the redevelopment plan for it is resolved, contingency decisions should be reached so that there is no delay. The determination of these major traffic routes will have considerable relationship to land use plans, potential street closings, future freeway ramp connections, timing of storm drainage, beautification, and other right-of-way improvements, public transportation planning, and numerous other questions.

The development of a north-south thoroughfare plan is also an important aspect of the decision as to what kind of facility -- freeway or major thoroughfare -- is needed along the route presently designated as the Northwest Freeway.

Also related to north-south surface and freeway traffic route problems is the question of a new link from the Iron Triangle to North Richmond, as an improved alternate to the present Seventh Street connection and the extension of Garrard Boulevard northerly across the tip of the Triangle to Thirteenth Street. This latter connection would very likely be a part of any proposed major thoroughfare alternative to the Northwest Freeway, although there are also other strong reasons for "opening up" the presently boxed in northern portion of the Iron Triangle.

A second major thoroughfare issue is the determination of a precise right-of-way, and financing program for the proposed North Richmond By-pass. The need for this facility as a means of removing heavy thru traffic from the North Richmond area has now been accepted and the next step is to get construction under-way as soon as possible. A related traffic improvement, the extension of Castro Street north-easterly to Chesley and thence connecting to Thirteenth Street. This link is also important as a means of removing thru traffic, both commuter and truck from Standard Oil, etc., from North Richmond.

One aspect of the major thoroughfare problem which is very important to residents of the MNA although not

strictly speaking, a traffic matter is the breaking down of the barrier effect of railroads, rapid transit, and freeways. Although some of the specific proposals referred to above would help to break down these barriers for automobile traffic by providing overpasses and underpasses, they do not fully meet the problem. Additional grade separations are needed, including 23rd Street, Carlson, Broadway and the S.P. Railroad and Cutting Boulevard. But more importantly, more pedestrian and bicycle connections and a reduction in the visual barrier effect are essential. Design of pedestrian and bicycle connections should be incorporated into any underpasses or overpasses to be constructed, and additional connections should be developed where needed but particularly between the tip of the triangle and the schools and facilities northeast of it, and between North Richmond and the areas to the east plus the Iron Triangle. The Hoffman Freeway should not be constructed so as to provide a visual barrier or a physical barrier between the south side and the waterfront area development.

The problems at the strictly local level are those of traffic control signs and signals, protection of school children and pedestrians, elimination of specific hazards, etc. As might be expected in an area which has the heavier traffic volumes of a central location, these problems are numerous and widespread. The principle need at this point is to establish a simple and effective means of identifying them, calling them to the attention of the city or other responsible agency and then, with the community participating, attempting to work out a satisfactory solution.

B. PROBLEM ANALYSIS-TRANSPORTATION

Richmond is generally well served by public-transit buses. Routes and service to downtown from outlying areas and passing through the Model Neighborhood Area are fairly good and connections to downtown Oakland and San Francisco are also good. There are some deficiencies but the Alameda - Contra Costa Transit District has indicated a willingness to assist in reducing them. The A/C District is already engaged in route location and service planning in relation to the rapid transit system.

The greater problem is the need for new approaches for public transportation which can operate at a scale below that of normal bus service. This is particularly needed for the many people who cannot or do not wish to drive a car, whether for financial reasons or other reasons. Because there will be a transit station and, presumably, a major regional center in downtown Richmond, people who are not automobile oriented are likely to be drawn into the area. The common interests between transit patrons and poor people should be developed so as to create pressure for services geared to their needs and not base all development based on an auto-using population.

Because many of the transportation needs of this type are small scale and specialized, planning and development of proposals should be coordinated with other program approaches. For example, senior citizen transportation to recreational facilities may be a part of that program, rather than of transportation per se. Similarly, transportation for health services, to employment centers or government offices, creation of pedestrian routes, etc., may all be part of other elements. Over-all coordination, however, will continue to be a responsibility of the Model Cities Program.

3.5: GOALS & PROGRAM APPROACHES - TRAFFIC & TRANSPORTATION

A. INTRODUCTION

Because participation in freeway and major thoroughfare planning by residents of the impacted area has not previously existed, the major significance of Richmond Model Cities efforts in this area will be bringing people into the planning process. Because early decisions are necessary on several key questions, traffic planning will be given a high priority in the first year program.

B. OVERALL OBJECTIVE

The overall objective is to provide adequate means of travel to, from, and through the MNA with the absolute minimum harm to the community and with improved opportunities for MNA residents to get to essential public services and employment opportunities.

C. GOALS & PROGRAM APPROACHES

1. Goal No. 1: Minimize Danger and Disturbance to MNA Residents From Through Traffic Within the Neighborhood.

The following measures are proposed to achieve Goal No. 1:

participate in traffic planning for the MNA, including especially the downtown area

construct North Richmond By-pass

establish route location and design standards for a major thoroughfare which will accomplish the function of proposed Northwest Freeway without destroying residential areas in the Model Neighborhood

establish traffic lights and other traffic controls which will direct traffic into the most desirable routes in terms of reducing harmful effect on neighborhoods.

2. Goal No. 2: Reduce the Barrier Effect of Railroads, Rapid Transit, and Proposed Freeways.

3.2: GOALS & PROGRAM APPROACHES - TRAFFIC & TRANSPORTATION

INTRODUCTION

Because participation in freeway and major thoroughfare planning by residents of the impacted area has not previously existed, the major significance of Richmond Model Cities efforts in this area will be bringing people into the planning process. Because early decisions are necessary on several key questions, traffic planning will be given a high priority in the first year program.

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establish traffic lights and other traffic controls which will direct traffic into the most desirable routes in terms of reducing harmful effect on neighborhoods.

2. Goal No. 2: Reduce the Barrier Effect of Railroads, Rapid Transit, and Proposed Freeways.

Program approaches for Goal No. 2 are:

develop new connections for both autos and pedestrians, across railroad and rapid transit lines in the northern tip of the Iron Triangle; take through traffic off 7th Street as soon as possible

speed up construction of remaining railroad underpasses or overpasses needed to insure that all parts of the MNA have unblocked access to the rest of the City (especially from North Richmond to the area east of the railroads)

re-study the route alignment and design of the proposed Hoffman Freeway so as to reduce or eliminate its "barrier" effect between the Southside and the waterfront-Pt. Richmond area

3. Goal No. 3: Develop New Approaches to Public Transportation That Will Permit People Who Do Not Have Cars to Reach Important Services, Jobs, etc.

Program approaches for Goal No. 3 are:

work with Alameda/Contra Costa Transit District to develop improved bus service within the Model Neighborhood Area

study new means of providing public transportation at a reasonable cost to people who need it (for example, jitney bus service, "dial-a-bus", expanded taxi service, etc.); coordinate with special health service transportation need

explore the economic development possibilities related to provision of jitney or mini-bus services; the provision of these services may provide an opening for Black and Brown entrepreneurship

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re-study the route alignment and design of the proposed Hoffman Freeway so as to reduce or eliminate the "barrier" effect between the Southside and the waterfront-Pt. Richmond

Area

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3.6: PRIORITIES & STRATEGIES - TRAFFIC & TRANSPORTATION

A. PRIORITIES

The following timetable is proposed:

First Year:

- begin construction of North Richmond Bypass
- review plans for proposed Hoffman Freeway
- identify and work out corrections for local traffic problems
- begin participation in traffic planning for Model Neighborhood Area
- establish substitute solution for the Northwest Freeway
- develop specific plans for eliminating traffic problem in the Northern Iron Triangle-North Richmond Area
- begin joint planning with A/C Transit District and exploration of new forms of public transportation (coordinate transportation proposals with related developments)

Second Thru Fifth Year:

- continue eliminating local traffic hazards and problems
- construct new traffic routes developed in earlier planning
- construct remaining needed railroad grade separations
- implement new proposals for alternate types of public transportation

B. STRATEGIES

1. Insure community participation in major thoroughfare of freeway planning, with maximum use of Model Cities Program influence on state and federal agencies.

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The following timetable is proposed:

First Year:

begin construction of North Richmond Bypass
review plans for proposed Hoffman Freeway
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begin participation in traffic planning for Model Neighborhood Area
establish substitute solution for the Northwest Freeway
develop specific plans for eliminating traffic problem in the Northern Iron Triangle-North Richmond Area
begin joint planning with A/C Transit District and exploration of new forms of public transportation (coordinate transportation proposals with related developments)

Second Third Fifth Year:

continue eliminating local traffic hazards and problems
construct new traffic routes developed in earlier planning
construct remaining needed railroad grade separations
implement new proposals for alternate types of public transportation

B. STRATEGIES

1. Increase community participation in major thoroughfare of freeway planning, with maximum use of Model Cities Program influence of state and federal agencies.

Model Cities Program
Richmond, Cal.
Chap. 3 Traffic
3.6-2

2. Insure community participation in local traffic planning and problem correction.
3. Provide a variety of transportation means so that residents have a choice of more than the automobile for transportation.
4. Capitalize on common interest between poor people and transit patrons to get non-automobile oriented services for MNA residents.

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4. Capitalize on common interest between poor people and transit patrons to get non-automobile oriented services for MMV residents.

(Ch. 3.7 Existing Conditions - Physical Improvements)

A. Problem Analysis

1. Introduction

The MNA, as indicated in chapter 2 above, has always had significant problems of "image" i. e., it has, for the most part, appeared "under-maintained," "messy," "tacky," or however you wish to describe it. To a substantial extent this has been due to inadequate provision of certain public improvements and services. Originally, when Richmond was subdivided, provision of these improvements was a responsibility of the ultimate purchasers of a lot, not the original subdivider as is the case today. Because there was excessive land subdivision, many properties were never improved so that curbs, gutters and sidewalks remained missing and there were inadequate resources to support assessments for street improvements, storm drainage, or other major costs. During the war years with the atmosphere of temporary and emergency conditions, only the very critical work which could be afforded was done. In the post-war years the City has gradually attempted to bring conditions up to modern standards, with mixed success. Generally, because of assessment policies, least work has been done where residents are the poorest. Because correction of these irritating problems and rapid improvement of the appearance of the MNA are high priority elements of the Model Cities Program, the physical improvements proposals described below are expected to be given prime treatment at the earliest possible date.

Since a wide range of different public improvements are covered under the general heading of "physical improvements," problems relating to each type of improvement are discussed under separate headings. Goals and Program Approaches, and Priorities and Strategies, however are stated on a combined basis.

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A. Problem Analysis

1. Introduction

The MIA, as indicated in Chapter 3 above, has always had significant problems of "inadequate resources," for the most part, appeared "under-maintained," "messy," "lumpy," or how- ever you wish to describe it. To a substantial extent this has been due to inadequate provision on of certain public improvements and services. Originally, when Richmond was subdivided, provision of these improvements was a responsibility of the ultimate purchaser of a lot, not the original subdivider as is the case today. Because there was excessive land subdivision, many properties were never improved as that curbs, gutters and sidewalks remained missing and there were inadequate resources to support assessments for street improvements, storm drainage, or other major costs. During the war years with the atmosphere of temporary and emergency conditions, only the very critical work which could be afforded was done. In the post-war years the City has gradually attempted to bring conditions up to modern standards, with mixed success. Generally, because of assessment policies, least work has been done where residents are the poorest. Because correction of these irritating physical and rapid improvement of the appearance of the MIA are high priority elements of the Model Cities Program, the physical improvements proposed described below are expected to be given prime treatment at the earliest possible date. Since a wide range of different public improvements are covered under the general heading of "physical improvements," problems relating to each type of improvement are discussed under separate headings. Goals and Program Approaches, and Priorities and Strategies, however are stated on a combined basis.

2. Storm Drainage

The fact that Richmond's central area is flat makes storm drainage a major problem, especially in North Richmond, in the Southern part of the Iron Triangle, and in much of the Southside. In addition, there is a special flood problem along the banks of Wildcat Creek, where the creek bed is higher than surrounding land and is protected only by minimal levees. Several years ago the City developed a long-range plan for eliminating its storm drainage problem. One major contract, using approximately 1 million dollars of HUD Sewer and Water Grant Funds, has just been completed and an application for additional funds to cover almost all of the storm drainage work remaining in the City portion of the MNA is now being prepared for submittal to HUD. The principal problems remaining in connection with the work to complete storm drains are the timing of the provision of the necessary local share and the need to assure coordination between storm drain work and other public improvements. The City has set aside 10¢ per \$100.00 of assessed valuation from the property tax revenues for this purpose, which rate generates about \$300,000/year of funds for storm drainage. If the City's local share can be accelerated, the City plans to attempt completion of all work within approximately two years, rather than the five or so originally contemplated.

The responsibility for coordinating timing of storm drain work and other programs or projects will fall on the CDA and city itself.

The status of solutions to storm drainage and flood control plans in the North Richmond area is not as satisfactory. Very preliminary plans and cost estimates for storm drainage work have been prepared, but no financial commitment has been made by the County Government and no specific time schedule for work has as yet been established. In regard to flood control, proposed solutions to the problem have been discussed by the County Flood Control District and are under study by the Corps of Engineers. However, the Corps' preliminary work did not

Storm Drainage

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The fact that Richmond's central area is flat makes storm drainage a major problem, especially in North Richmond, in the southern part of the Iron Triangle, and in much of the Southside. In addition, there is a special flood problem along the banks of Wilcox Creek, where the creek bed is higher than surrounding land and is protected only by minimal levees. Several years ago the City developed a long-range plan for eliminating its storm drainage problem. One major contract, using approximately 1 million dollars of HUD Sewer and Water Grant funds, has just been completed and an application for additional funds to cover almost all of the storm drainage work remaining in the City portion of the LRA is now being prepared for submission to HUD. The principal problems remaining in connection with the work to complete storm drains are the timing of the provision of the necessary local share and the need to assure coordination between storm drain work and other public improvements. The City has set aside 10¢ per \$100.00 of assessed valuation from the property tax revenues for this purpose, which rate generates about \$300,000/year of funds for storm drainage. If the City's local share can be accelerated, the City plans to attempt completion of all work within approximately two years, rather than the five or so originally contemplated.

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show a favorable cost benefit ratio and they are presently reviewing alternative solutions. Model Cities Plan in the area may affect the cost benefit ratio. When detailed planning with North Richmond residents is sufficiently advanced negotiations will be held with all of the affected parties, including property-owners, the U.S. Army Corps of Engineers, and possibly the East Bay Regional Park District. (See Chapter 11, Public Facilities).

3. Sanitary Sewers and Sewage Disposal

The City's present system of sanitary sewers is basically adequate and it is expected that normal repair, maintenance, and replacement will be sufficient as long as present residential and commercial densities are not excessively increased.

The City is currently constructing a secondary treatment plant near its present primary sewage treatment plant, using a HUD Sewer and Water Program grant. The North Richmond area, which is in the San Pablo Sanitary Sewer District, currently has no secondary treatment of sewage. The San Pablo District recently lost, by a very narrow margin, a bond issue election to provide the local share of a federally-aided construction program. As yet no plans have been announced as to whether another bond issue election will be called or some other approach, such as contracting with the Richmond Sanitary District, will be used.

4. Sidewalks, Curbs and Gutters, and Street Paving

Some or all of these items are deteriorated or missing on many blocks within the Model Neighborhood Area, particularly in parts of the Southside and in North Richmond Areas. Present policy is for these improvements to be made by abutting property owners, either voluntarily or in connection with major building permits or through an assessment district.

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If more than 50% of the frontage on a block has been brought up to City standards, the City can establish an assessment district which then requires that the remaining work be completed. Only after the improvements are completed in an entire block is the street fully accepted for City maintenance. This policy has not been satisfactory in the Model Neighborhood where residents, from the time of the initial real estate promotion to the present, have not had sufficient income to correct the problems created by these early poor subdivision practices. The Model Cities staff has mapped all locations of missing or seriously substandard sidewalks, curbs and gutters, or street paving, and has also related this information on maps to the nature of the property where there is a missing item. Thus, the number of situations where the cost of improvements would have to be born by owner - occupants, owners of rental property, and vacant land is known. Several approaches to financing improvements have been considered. In addition to the normal assessment procedure, and the present extended payment (10 years @ 6% interest) procedure, the Richmond program recommends (a) that construction costs be eligible as part of any rehabilitation, particularly under sections 115, 312, or 221 (h): (b) that direct labor assistance be made available under the Operation Mainstream Program so that low-income property owners need pay only for materials; (c) that where no other means of accomplishing the work is possible because of the low-income of a property owner direct supplemental grant funds be used so as to insure that the entire block or street can be accepted for regular maintenance.

5. Street Cleaning and Maintenance Services

One of the most depressing aspects of the Model Neighborhood Area is the extent of litter, debris, and dirt on both public and private land. The removal of trash and control of litter from privately owned areas is discussed in paragraph 6 below.

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However, most of the dirt and litter in public areas is in street rights-of-way. Where the street is not yet fully paved or curbs and gutters are missing, and it has not been accepted by the City for maintenance, the completion of the necessary work must be accomplished first, so that street cleaning can be properly performed. Where the litter is in the right-of-way, but not in the street such as along the sidewalk, the property owner has primary responsibility for keeping the area clean. But where it is the street itself which is the problem, improved publicly-provided street cleaning is needed.

Present City Policy is to provide street cleaning approximately once a month in residential areas and from once a week to daily in commercial areas. This policy makes no provision for recognizing the differing natures of different residential areas. Because it is centrally located, has higher population densities, and has mixed land uses, the amount of traffic and rate of accumulation of dirt and debris is higher in the MNA than in most other parts of the City. The present service policy needs to be modified to make it relate much more closely to the conditions and their causes.

Similarly, because of the same characteristics of locations, density and land use, there is generally a higher level of traffic, including heavy vehicle traffic, throughout most of the Model Neighborhood Area. Policies for street repair and maintenance should also reflect this as closely as possible so that inequities in service do not develop.

6. Litter Control and Trash Removal

This problem is critical, widespread, and one of the most vexing in the MNA. The problem is complicated by questions of property ownership and legal responsibility, high cost, and lack of developed means of providing services. At least three general approaches to the problem are projected with the total effort including aspects of all three.

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Litter Control and Trash Removal

This problem is critical, widespread, and one of the most vexing in the MTA. The problem is complicated by questions of property ownership and legal responsibility, high cost, and lack of developed means of providing services. At least three general approaches to the problem are suggested with the total effort including aspects of all three.

The first approach is that of cleaning up present litter and debris. The major costs are those of labor and equipment to simply get trash and litter and insofar as possible, broken glass picked up. The cost for this work should be born by the property owner (including public agencies and public utilities where they are the owners if he can possibly afford it. Some kind of clean-up ordinance paralleling the weed abatement procedure appears most likely to work. It could provide for an assessment or lien against the property if the work had to be done by the City and means could be worked out, as in other assessments, to reduce or eliminate the burden for low-income residents. Through three various money or labor subsidy approaches.

The second approach calls for discouraging or preventing the accumulation of debris and litter. In Richmond all trash and garbage removal service is provided by a franchised private scavenger service, Richmond Sanitary Co. Presently this company provides one "free" pick-up of trash per year, with pick-up somewhat limited as to type and location, etc. This service should be expanded to include additional pick-ups and to provide for removal of a wider range of items, such as old appliances and furniture, heavy garden cuttings, debris from removal of old fences or even old garages, etc. An increase in this service, plus adequate publicity before hand, could help to keep accumulation of trash from getting out of hand. Another measure for cutting down litter would be to pay a premium for return of bottles and cans. Although such a program has administrative pitfalls, possible means of financing would include moderate taxes on wholesale sales of paper cups, napkins, plates, tissues, etc, and on bottles cans, and other containers, which are the major offenders. Manufacturers, canners and bottlers, should be called on to assist in paying the costs and in administration of such programs.

Also possible as a measure to be explored will be the provision of large scale waste containers,

The first approach is that of cleaning up present litter and debris. The major costs are those of labor and equipment to simply get trash and litter and incinerate as possible, broken glass picked up. The cost for this work should be born by the property owner (including public agencies and public utilities) where they are the owners if he can possibly afford it. Some kind of clean-up ordinance paralleling the weed abatement procedure appears most likely to work. It could provide for an assessment or lien against the property if the work had to be done by the City and means could be worked out, as in other assessments, to reduce or eliminate the burden for low-income residents. Through three various money or labor subsidy approaches.

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Also possible as a measure to be explored will be the provision of large scale waste containers.

rather than the usual small trash cans, at key places and at specified times. For example, placing "Dempster Dumpster" type containers in a shopping area parking lot every Saturday morning to provide for additional means of picking up trash. This type program, however, should only be attempted after garbage collection is made a mandatory requirement, or otherwise people attempting to avoid garbage pick-up costs will quickly over-flow the containers. Such a mandatory garbage collection law is badly needed in Richmond.

The third approach is to alter the present type of service. One way of accomplishing this would be for the City to take over the garbage collection service directly. If this is not possible because of essentially political considerations, establishment of a mandatory garbage collection law, as mentioned above, should be tried. Also, the present franchise arrangement should be modified so as to permit other operators to provide trash (not garbage) removal services and related hauling.

If all three of these general approaches are pursued diligently, and adequate amounts of money are available, and the program to put vacant land to use eliminates many of the worst sites, it will be possible to make a very substantial dent in this extremely tough problem.

7. Street Lighting

For the most part street lighting within the MNA is comparable to that in other older parts of the city and is more or less adequate. But partially for the same reasons which make necessary higher street cleaning and maintenance service i.e. - higher density, heavier traffic, and mixed land use and partially because of the higher rate of certain types of crime in the MNA, there is a need for upgrading of lighting standards in portions of the MNA. The basic policy of the Richmond Model Cities Program will be to call for Meeting the standards for street lighting in new residential subdivisions. (Note: This applies to comparable

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Street Lighting

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residential areas. Even higher lighting standards will be required in areas with heavy pedestrian or automobile traffic, in areas with especially high densities such as apartment complexes, and in areas where non-residential uses are scattered thru residential areas).

The City presently pays a flat monthly charge to the Pacific Gas and Electric Company for the right to hang a lamp on existing poles plus the cost of electricity. Although this fee, \$3.55 per month, seems small an increase of several hundred lights throughout the area would create a significant cost factor.

The overall objective is to provide a level of public service and improvements in the model neighborhood area comparable to the level in any other part of the city.

5. Summary of Goals and Program Objectives

The goals and program objectives proposed to accomplish this objective are listed below.

Goal No. 1: To Construct Basic Services Facilities, such as sidewalks, curbs and gutters, street lighting, drainage, etc. which are currently inadequate.

Goal No. 2: To provide the level and frequency of street lighting and street maintenance and related services which is necessary to meet the needs in the area.

Goal No. 3: To provide the level and frequency of street lighting and street maintenance and related services which is necessary to meet the needs in the area.

Additional City policy that such services, shall be based on local conditions such as land use, traffic volume, population density, etc. Provide service in accordance with this policy.

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The City presently pays a flat monthly charge to the Pacific Gas and Electric Company for the right to have a lamp on existing poles plus the cost of electricity. Although this fee, \$8.55 per month, seems small an increase of several hundred lights throughout the area would create a significant cost factor.

3.8 GOALS & PROGRAM APPROACHES

A. Introduction

Most "physical improvements" come under the category of "housekeeping" services and their costs have traditionally been closely tied to the property owner. The Richmond Model Cities Program calls for exploring ways of loosening those ties and spreading the cost more broadly. Also, under circumstances where the property owner can't afford the cost and the community can't afford not to have the job done, some subsidy to the property owners is necessary and should be afforded.

The overall objective is to provide a level of public service and improvements in the Model Neighborhood Area comparable to the level in any other part of the city.

B. Summary of Goals and Program Approaches

The goals and program approaches proposed to accomplish this objective are listed below.

Goal No. 1: To Construct Basic Municipal Facilities, Such as Sidewalks, Curbs and Gutters Street Paving Wherever They Are Missing or Seriously Substandard.

Build facilities, with financing approaches geared to meet the property owners' ability to pay use operation mainstream; assessment, with 10 year payment; rehab loans include in construction cost; may also require some Model Cities funds.

Goal No. 2: To Provide The Level and Frequency of Street cleaning and Street Maintenance and Related Services which is Necessary to meet the needs in the Area.

Establish City policy that such services, shall be based on local conditions such as land use, traffic intensity, population density, etc. Provide service in conformance with this policy.

3.8 GOALS & PROGRAM APPROACHES

A. Introduction

Most "physical improvements" come under the category of "housekeeping" services and their costs have traditionally been closely tied to the property owner. The Richmond Model Cities Program calls for exploring ways of loosening those ties and spreading the cost more broadly. Also, under circumstances where the property owner can't afford the cost and the community can't afford not to have the job done, some subsidy to the property owners is necessary and should be afforded.

The overall objective is to provide a level of public services and improvements in the Model Neighborhood Area comparable to the level in any other part of the city.

B. Summary of Goals and Program Approaches

The goals and program approaches proposed to accomplish this objective are listed below.

Goal No. 1: To Construct Basic Municipal Facilities, Such as Sidewalks, Curb and Gutter Street Having Wherever They Are Missing or Substantially Substandard.

Build facilities, with financing approaches geared to meet the property owners' ability to pay use operation/maintenance; assessment with 10 year payment; rehab loans include in construction cost; may also require some Model Cities funds.

Goal No. 2: To Provide The Level and Frequency of Street Cleaning and Street Maintenance and Related Services which is Necessary to meet the needs in the Area.

Establish City policy that such services, shall be based on local conditions such as land use, traffic intensity, population density, etc. Provide service in conformance with this policy.

Goal No. 3: To sharply reduce the Inconvenience and Hazard of Flooding and standing water during the Rainy Season and to reduce Pollution of the Bay Because of inadequate Sewage treatment.

Construct all remaining needed storm drainage and flood control facilities (HUD fund matched with City 10¢ storm drain tax funds or with County funds)

Construct secondary sewage treatment plant for San Pablo Sanitary District area (HUD plus local matching funds)

Goal No. 4: To eliminate Litter and Trash and Clean up Vacant Lots (Both Public and Private).

- 6c Establish system for paying for bottle and can return (may require some Model Cities grant funds).
- 6d Establish program for "leasing" vacant land for public or private use, such as "tot lot", vegetable garden, etc.
- 6a Provide for clean up of all vacant land (with cost charged to land owner if he can afford it).
- 6b Increase "free" trash removal service by Richmond Sanitary Service.
- 6e Establish mandatory garbage collection law.
- 6f Change ordinance to permit individuals to operate trash removal service.

Goal No. 5: Increase Street Lighting Model in the Neighborhood to Standards set for New Residential Subdivisions.

Install additional or brighter lights as required and depending on land use, density, and other characteristics of the area.

Goal No. 3: To sharply reduce the inconvenience and hazard of flooding and standing water during the rainy season and to reduce pollution of the Bay because of inadequate sewage treatment.

Construct all remaining needed storm drainage and flood control facilities (RUD fund matched with City 10% storm drain tax funds or with County funds)

Construct secondary sewage treatment plant for San Pablo Sanitary District area (RUD plus local matching funds)

Goal No. 4: To eliminate litter and trash and clean up vacant lots (Both Public and Private).

6c Establish system for paying for bottle and can return (may require some Model Cities grant funds).

6d Establish program for "leasing" vacant land for public or private use, such as "lot lot", vegetable garden, etc.

6e Provide for clean up of all vacant land (with cost charged to land owner if he can afford it).

6f Increase "free" trash removal service by Richmond Sanitary Service.

6g Establish mandatory garbage collection law.

6h Change ordinance to permit individuals to operate trash removal service.

Goal No. 5: Increase street lighting level in the neighborhood to standards set for New Residential Subdivisions.

Install additional or brighter lights as required and depending on land use, density, and other characteristics of the area.

3.9 PRIORITIES & STRATEGIES

FIRST YEAR

- BEGIN CONSTRUCTION OF REMAINING STORM SEWERS
IN CITY OF RICHMOND
- BEGIN DETAILED PLANNING AND WORK OUT FINANCING
FOR STORM SEWERS IN NORTH RICHMOND
- BEGIN INSTALLATION OF SIDEWALKS, CURBS AND
GUTTERS WHEREVER THEY ARE MISSING OR
SERIOUSLY SUBSTANDARD.
- BEGIN STREET REPAVING PROGRAM BY COMPLETING
ALL STREETS WHICH NEED REPAVING BUT DO NOT
REQUIRE STORM SEWER WORK FIRST, FOLLOW BY
REPAVING REMAINING STREET AFTER STORM SEWER
WORK HAS BEEN COMPLETED.
- ESTABLISH A REVISED CITY POLICY ON STREET
CLEANING AND RELATED SERVICES AND BEGIN
SERVICE IN ACCORDANCE WITH THAT POLICY.
- BEGIN LITTER AND TRASH CLEAN UP PROGRAM.
- INSTALL NEW STREET LIGHTING TO MEET THE STANDARDS
OF NEW SUBDIVISIONS.

YEARS TWO THRU FIVE

- COMPLETE ALL NEEDED STORM DRAIN CONSTRUCTION;
CONSTRUCT NEEDED FLOOD CONTROL FACILITIES.
- COMPLETE STREET REPAVING WORK
- CONSTRUCT SEWAGE TREATMENT PLANT FOR SAN PABLO
SANITARY DISTRICT (OR ARRANGE FOR TREATMENT
AT RICHMOND PLANT)
- EXPAND LITTER CONTROL AND CLEAN-UP PROGRAM,
USING MOST SUCCESSFUL TECHNIQUES
- CONTINUE STREET LIGHTING UPGRADING PROGRAM

3.9 PRIORITIES & STRATEGIES

FIRST YEAR

- BEGIN CONSTRUCTION OF REMAINING STORM SEWERS IN CITY OF RICHMOND
- BEGIN DETAILED PLANNING AND WORK OUT FINANCING FOR STORM SEWERS IN NORTH RICHMOND
- BEGIN INSTALLATION OF SIDEWALKS, CURBS AND GUTTERS WHEREVER THEY ARE MISSING OR SERIOUSLY SUBSTANDARD
- BEGIN STREET REPAVING PROGRAM BY COMPLETING ALL STREETS WHICH NEED REPAVING BUT DO NOT REQUIRE STORM SEWER WORK FIRST, FOLLOW BY REPAVING REMAINING STREETS AFTER STORM SEWER WORK HAS BEEN COMPLETED
- ESTABLISH A REVISED CITY POLICY ON STREET CLEANING AND RELATED SERVICES AND BEGIN SERVICE IN ACCORDANCE WITH THAT POLICY
- BEGIN LITTER AND TRASH CLEAN UP PROGRAM
- INSTALL NEW STREET LIGHTING TO MEET THE STANDARDS OF NEW SUBDIVISIONS

YEARS TWO THRU FIVE

- COMPLETE ALL NEEDED STORM DRAIN CONSTRUCTION; CONSTRUCT NEEDED FLOOD CONTROL FACILITIES
- COMPLETE STREET REPAVING WORK
- CONSTRUCT SEWAGE TREATMENT PLANT FOR SAN PABLO BAYVIEW DISTRICT (OR ARRANGE FOR TREATMENT AT RICHMOND PLANT)
- BEGIN LITTER CONTROL AND CLEAN-UP PROGRAM, USING MOST SUCCESSFUL TECHNIQUES
- COMPLETE STREET LIGHTING UPGRADING PROGRAM

B. S T R A T E G I E S

- BEGIN MAJOR PHYSICAL IMPROVEMENTS AT ONCE FOR MAXIMUM IMPACT. IF POSSIBLE, ALL SIGNIFICANT WORK SHOULD BE FINISHED WITHIN THE FIRST TWO YEARS.
- MAXIMIZE USE OF STATE AND ESPECIALLY FEDERAL MATCHING FUNDS FOR CONSTRUCTION PROJECTS.
- WHERE ASSESSMENT HAS BEEN THE TRADITIONAL FINANCING METHOD, CHANGE THE SYSTEM IN ORDER TO MAKE IT RESPONSIVE TO PROPERTY OWNERS' ABILITY TO PAY
- NO PHYSICAL IMPROVEMENTS ARE TO BE MADE WHERE LONG-RANGE PLANNING DECISIONS ARE INDEFINITE WITHOUT FURTHER STUDY AND BOARD RECOMMENDATION
- REQUEST THE CITY TO ENFORCE THE EQUAL OPPORTUNITY CLAUSE IN PUBLIC CONSTRUCTION CONTRACTS; MAKE MAXIMUM USE OF LOCAL LABOR AND CONTRACTORS IN ANY CONSTRUCTION WORK

5. STRATEGIES

-BEGIN MAJOR PHYSICAL IMPROVEMENTS AT ONCE FOR
MAXIMUM IMPACT. IF POSSIBLE, ALL SIGNIFICANT
WORK SHOULD BE FINISHED WITHIN THE FIRST TWO
YEARS.

-MAXIMIZE USE OF STATE AND SPECIALLY FEDERAL
MATCHING FUNDS FOR CONSTRUCTION PROJECTS.

-WHERE ASSESSMENT HAS BEEN THE TRADITIONAL FINANCIAL
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IT RESPONSIVE TO PROPERTY OWNERS' ABILITY TO PAY.

-NO PHYSICAL IMPROVEMENTS ARE TO BE MADE WHERE
LONG-RANGE PLANNING DECISIONS ARE INDEFINITE.
WITHOUT FURTHER STUDY AND BOARD RECOMMENDATION.

-REQUEST THE CITY TO ENFORCE THE EQUAL OPPORTUNITY
CLAUSE IN PUBLIC CONSTRUCTION CONTRACTS; AND
MAXIMIZE USE OF LOCAL LABOR AND CONTRACTORS IN
ANY CONSTRUCTION WORK.

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HOUSING

4.1 EXISTING CONDITIONS

A. INTRODUCTION

During the planning year, Model Neighborhood residents have illuminated various inadequacies of the present housing situation in the Model Neighborhood as well as the City as a whole through meetings of the Model Cities Committee on Housing Supply and Choice. Problems ranging from the lack of choice in location and type of housing to lack of means to significantly improve the quality of the housing stock point out the need for a concerted effort to more effectively meet the needs of the community.

This Chapter describes the characteristics of the existing housing supply, specific problems related to the improvement and expansion of housing supply and choice, followed by goals, program approaches, priorities and strategies for housing.

For additional, closely related material, see Chapter 2 (The Model Neighborhood Area -- the Land, the People, and the Problems), Chapter 5 (Relocation) and Chapter 9 (Employment).

B. CHARACTERISTICS OF THE EXISTING HOUSING SUPPLY AND PRESENT HOUSING PROGRAMS

It is important to first review the general nature of housing in Richmond, since it is quite different from that found in many parts of the country. Almost all of the Model Neighborhood area is low or low-medium density residential in character, with single family housing on 5,000 sq. ft. or smaller lots with some small apartments scattered throughout most parts. There are no large apartment complexes and no concentrations of tenement-type rental properties. Home ownership incidence is high - nearly 50% - especially for a low-income minority area. Construction is almost entirely frame, usually with stucco, and typical units are two - or three-bedroom of one or one and one-half stories. In the Iron Triangle area, there are some older and larger two-story houses and, close to the Central Business District, some small old hotels, housing

HOUSING

EXISTING CONDITIONS

1. INTRODUCTION

During the planning year, Model City neighborhood residents have identified various characteristics of the present housing situation in the Model City neighborhood as well as the City as a whole through meetings of the Model Cities Committee on Housing Supply and Choice. Problems resulting from the lack of choice in location and type of housing and lack of means to substantially improve the quality of the housing stock have been the need for a concerted effort to more effectively meet the needs of the community.

This Chapter describes the characteristics of the existing housing supply, specific problems related to the improvement and expansion of housing supply and the improvement of the quality of housing stock, and strategies for housing.

For additional, closely related material, see Chapter 2 (The Model Neighborhood Area - the land, the people, and the problems), Chapter 3 (Relocation), and Chapter 4 (Improvement).

CHARACTERISTICS OF THE EXISTING HOUSING SUPPLY AND
HOUSING PROBLEMS

It is important to first review the general nature of housing in Richmond, since it is quite different from that found in many parts of the country. Almost all of the Model City neighborhood area is low or low-medium density residential in character, with single family housing on 1,000 sq. ft. or smaller lots with some small apartments scattered throughout most parts. There are no large apartment complexes and no concentrations of tenement-type rental properties. Home ownership incidence is high - nearly 50% - especially for a low-income minority area. Construction is almost entirely frame, usually with stucco, and typical units are two - or three-bedroom of one or one and one-half stories. In the Model City area, there are some older and larger two-story houses and, close to the Central Business District, some small old hotels, housing

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mostly single persons. Housing has been built over a sixty plus year period frequently providing considerable variety in age and style within the same block.

Map 4-1 shows the location of public housing projects in the Model Neighborhood area and outlines the Central Business District. The rest of the area is predominantly residential.

As Tables 4-1 and 4-7 indicate, there has been little growth in the housing stock in the Model Neighborhood area since 1960. Of the 5,620 occupied housing units, public housing units account for 780 units or approximately 13 percent. Although mostly duplex and apartment-type units, this does include 150 high-rise units of recently constructed public housing for the elderly. As mentioned in Chapter 2, a high proportion of the private units are single-family dwellings with some small apartments. Even when public housing units are also considered, single-family dwellings account for over half of all units (see Table 4-2). While there is a higher percentage of owner-occupancy in the Iron Triangle and in the Southside than in North Richmond, two-thirds of the occupied residential parcels in the Model Neighborhood are owner-occupied. It should also be noted that there are 450 co-operative units just outside of the revised Model Neighborhood boundaries but within the original boundaries. These, known as Atchison Village, were originally public housing units (Lanham Act) but were sold to the occupants in the mid-fifties after they formed a co-op to purchase them.

Fifteen percent of the parcels in the Model Neighborhood are vacant (see Table 4-3) and over three-fourths of these vacant lots are owned by persons living outside of the areas in which the parcels are located. It is estimated that over 900 new units are possible utilizing the existing vacant parcels. Table 4-4 shows that, within present zoning regulations, most of the units possible are single-family, triplex, and five or more unit apartments, with relatively fewer duplexes and four-plexes possible. Subsequent sections will discuss the condition of housing and the characteristics of its occupants.

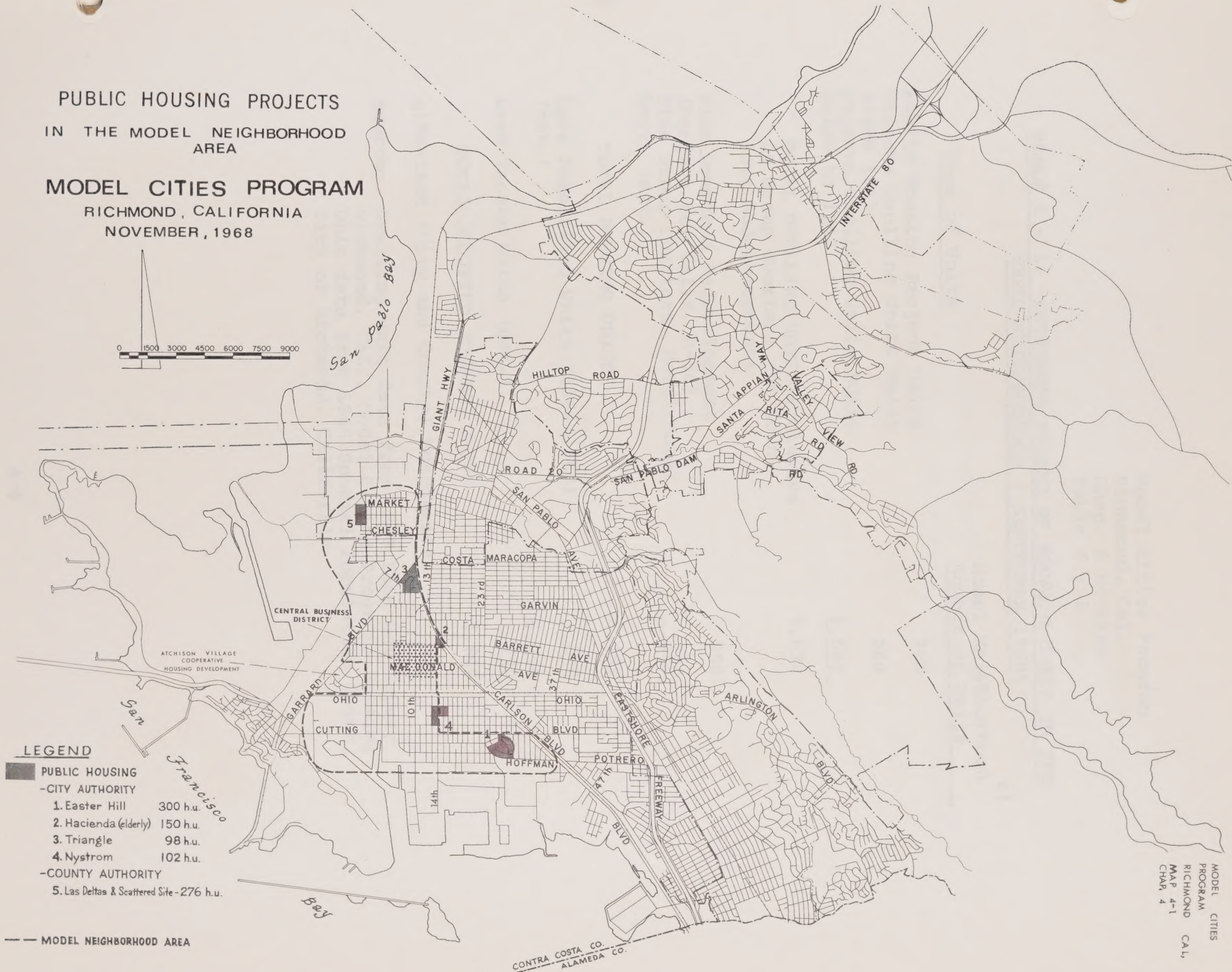
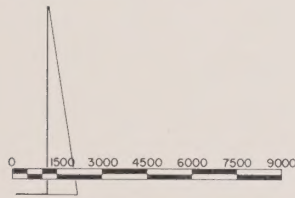
Mostly single persons. Housing has been built over a sixty plus year period frequently providing considerable variety in age and style within the same block.

Map 4-1 shows the location of public housing projects in the Model City neighborhood area and outlines the Central Business District. The rest of the area is predominantly residential. Tables 4-1 and 4-2 indicate there has been little growth in the housing stock in the Model City neighborhood since 1950. Of the 1,200 units in the neighborhood, public housing units account for 13 percent, although nearly 150 new units of recently constructed public housing for the elderly. As mentioned in Chapter 2, a high percentage of the private units are single family dwellings with some small apartments. Even when public housing units are also considered, single family dwellings account for over half of all units (see Table 4-2). While there is a higher percentage of owner-occupied units in the Model City neighborhood area than in North Richmond, two-thirds of the occupied residential parcels in the Model City neighborhood are owner-occupied. It should also be noted that there are 450 co-operative units just outside of the revised Model City neighborhood boundaries but within the original boundaries. These, known as Jackson Village, were originally public housing units (Latham Act) but were sold to the occupants in the mid-fifties after they formed a co-op to purchase them.

Fifteen percent of the parcels in the Model City neighborhood are vacant (see Table 4-3) and over three-fourths of these vacant lots are owned by persons living outside of the area in which the parcels are located. It is estimated that over 300 new units are possible utilizing the existing vacant parcels. Table 4-4 shows that, within present zoning regulations, most of the units possible are single-family, triplex, and two or more unit apartments, with relatively fewer duplexes and fourplexes possible. Subsequent sections will discuss the condition of housing and the characteristics of its occupants.

PUBLIC HOUSING PROJECTS
IN THE MODEL NEIGHBORHOOD
AREA

MODEL CITIES PROGRAM
RICHMOND, CALIFORNIA
NOVEMBER, 1968



LEGEND

- PUBLIC HOUSING
- CITY AUTHORITY
- 1. Easter Hill 300 h.u.
- 2. Hacienda (elderly) 150 h.u.
- 3. Triangle 98 h.u.
- 4. Nystrom 102 h.u.
- COUNTY AUTHORITY
- 5. Las Deltas & Scattered Site - 276 h.u.

--- MODEL NEIGHBORHOOD AREA

Model Cities Program
 Richmond, Cal.
 Chap. 4 Housing
 Table 4 - 1

TABLE 4 - 1: ESTIMATED NUMBER OF HOUSING UNITS IN THE
MODEL NEIGHBORHOOD (SEPTEMBER 1968)

<u>Type of Units</u>	<u>Model Neighborhood Number of Units</u>
Public Housing Project Units	780
Private Dwelling Units Built since 1963	260
Private Dwelling Units Built prior to 1963	<u>4,580</u>
TOTAL DWELLING UNITS (exclusive of Group Quarters and Down- town Redevelopment)	5,620
Plus Downtown Redevelopment (Project No. Calif. R-56)	550
Plus Group Quarters, Hotel/Motel Units (est.)	<u>230</u>
TOTAL HOUSING UNITS	6,400
Less Demolished Units (1966-1968) (est.)	<u>200</u>
	6,200
Less Vacant Units (est.)	<u>340</u>
TOTAL OCCUPIED HOUSING UNITS	5,860

a) Revised (City and County) boundaries

Source: Dwelling unit data from 1968 Land Use Survey,
 Richmond, Cal., Model Cities Program; Housing
 Unit data from 1966 Special Population Count,
 City of Richmond, California.

Model Cities Program
Richmond, Cal.
Chap. 4 Housing
Table A - 1

TABLE A - 1. ESTIMATED NUMBER OF HOUSING UNITS IN THE
DOWNTOWN RICHMOND (SEPTEMBER 1968)

a)	
Model Neighborhood	Type of Units
Number of Units	
780	Public Housing Project Units
260	Private Dwelling Units Built since 1963
4,230	Private Dwelling Units Built prior to 1963
5,270	TOTAL DWELLING UNITS (exclusive of Group Quarters and Town Redevelopment)
250	Plus Downtown Redevelopment (Project No. C-111-1-25)
230	Plus Group Quarters, Hotels, Motel Units (est.)
5,750	TOTAL HOUSING UNITS
230	Less Demolished Units (1963-1968) (est.)
5,520	
340	Less Vacant Units (est.)
5,180	TOTAL OCCUPIED HOUSING UNITS

a) Revised (City and County) boundaries

Sources: Dwelling unit data from 1968 land use survey, Richmond, Cal., Model Cities Program; Housing Unit data from 1966 Special Population Count, City of Richmond, California.

Model Cities Program
 Richmond, Cal.
 Chap. 4 Housing
 Table 4 -2

TABLE 4 -2: DWELLING UNITS IN THE MODEL NEIGHBORHOOD

Percentage by Type of Unit

<u>Type of Unit</u>	<u>Percent of Units in Model Neighborhood</u>		
	<u>Private *</u>	<u>Public *</u>	<u>Total</u>
Single-family	61	--	52
Duplex	14	38	18
Triplex	4	--	4
Four-plex	13	38	16
5 and more units	8	24	10
	100%	100%	100%

Source: 1968 Land Use Survey, Richmond, California, Model Cities Program.

*NOTE: There are 780 Public Housing Units or 12% of the total of 6400 housing units in the Model Neighborhood area.

Model Cities Program
 Richmond, Cal.
 Housing Survey
 Table 4-2

TABLE 4-2: DWELLING UNITS IN THE MODEL NEIGHBORHOOD
 Percentage by Type of Unit

Type of Unit	Percent of Units in Model Neighborhood		
	Private *	Public *	Total
Single-family	61	-	52
Duplex	15	38	18
Triplex	4	-	4
Four plex	13	39	16
5 and more units	8	24	10
	100	100	100

Sources: 1968 Land Use Survey, Richmond, California, Model Cities Program.

*NOTE: There are 780 Public Housing Units or 12% of the total of 6400 housing units in the Model Neighborhood area.

Model Cities Program
 Richmond, Cal.
 Chap. 4 Housing
 Table 4-3

a)

TABLE 4 - 3: OWNERSHIP OF RESIDENTIAL PARCELS
IN THE MODEL NEIGHBORHOOD

<u>Type of Ownership</u>	<u>Model Neighborhood (Revised)</u>	
	<u>Percent of Parcels</u>	
	<u>Occupied Parcels</u>	<u>Vacant Parcels</u>
Owner -- occupied	66%	not applicable
Locally - owned ^{b)}	6%	22%
Absentee - owned	28%	78%
	100%	100%

a) Parcel = lot or combination of lots in single ownership

b) Parcels owned by residents in their respective areas; i.e., a parcel located in North Richmond would be "locally - owned" only if owner is a North Richmond resident.

Source: 1968 Land Use Survey, Richmond, California, Model Cities Program (from Contra Costa County Assessor's records)

TABLE 4 - 3 OWNERSHIP OF RESIDENTIAL PARCELS
 IN THE NORTH RICHMOND AREA

Model Neighborhood (Revised)

Percent of Parcels		Type of Ownership
Occupied Parcels	Vacant Parcels	
66%	not applicable	Owner - occupied
6%	22%	Locally - owned ^{b)}
28%	78%	Absentee - owned
100%	100%	

- a) Parcel = lot or combination of lots in single ownership
- b) Parcels owned by residents in their respective areas
 i.e., a parcel located in North Richmond would be
 "locally - owned" only if owner is a North Richmond
 resident.

Source: 1968 Land Use Survey, Richmond, California, Model
 Cities Program (from Contra Costa County
 Assessor's records)

Model Cities Program
 Richmond, Cal.
 Chap. 4 Housing
 Table 4-4

TABLE 4 - 4: ESTIMATED VACANT LOT CAPACITY IN THE
MODEL NEIGHBORHOOD

By Zoning Classification

Model Neighborhood Area
(Revised - City and County)

<u>Type of Unit</u>	<u>Estimated No. Units Possible</u>	<u>%</u>
Single - Family	275	28.5
Duplex	60	6.2
Triplex	190	19.7
4 - plex	40	4.1
5 + units	<u>400</u>	<u>41.5</u>
TOTAL NUMBER UNITS	965	100%

Source: 1968 Land Use Survey, Richmond, California, Model
 Cities Program; City of Richmond Zoning Division;
 Contra Costa County Zoning Division

Model Cities Program
 Richmond, Cal.
 Census & Housing
 Table A-4

TABLE A - 4 ESTIMATED VACANT LOT CAPACITY IN THE
 MODEL NEIGHBORHOOD

By Zoning Classification

Model Neighborhood Area
 (Revised - City and County)

Type of Unit	Estimated No. Units Possible	%
Single - Family	275	28.2
Duplex	60	6.2
Triplex	120	12.7
4 - plex	40	4.1
5 + units	400	41.5
TOTAL NUMBER UNITS	895	100%

Source: 1968 Land Use Survey, Richmond, California, Model
 Cities Program; City of Richmond Planning Division;
 Contra Costa County Planning Division

Model Cities Program
Richmond, Cal.
Chap. 4 Housing
4.1-3

New housing being developed in the Model Neighborhood includes several significant programs. Both the City and County Housing Authorities are carrying out Sec. 23 leased housing programs. One small group is beginning rehabilitation of units under Sec. 221 (h). The Redevelopment Agency using the small amount of land available for housing in its downtown redevelopment project is experimenting with cost-saving techniques in building. One experiment known as "Uniment", is a FHA-financed prefabricated structure providing stacked very small three bedroom units. Although this particular experiment is not likely to be repeated, the Agency is also experimenting with another prefabrication approach using "building block" modules, affording larger-sized units with considerable savings in construction costs. If successful, Model Neighborhood residents may be able to take advantage of this low-cost housing elsewhere in the Model Neighborhood Area. Except for a few scattered locations private new construction or move-ins have been quite limited in the last few years, although remodeling activity continues.

To insure a balanced view of city-wide renewal needs as well as proper consideration of priorities, Richmond completed a Community Renewal Program in 1966. The Program made recommendations with respect to four redevelopment projects, three in the revised Model Neighborhood Area and the fourth outside yet within the original boundaries, four code enforcement areas, and major zoning changes. All of these recommendations affect the Model Neighborhood Area directly. Of the four proposed redevelopment projects, only one of these, West Nevin, is primarily directed at clearance and replacement of badly deteriorated housing. The other three areas are primarily directed at elimination of blighted non-residential structures adjacent to Bay Area Rapid Transit or freeway construction. At least one of these proposals would include clearance and replacement with new residential construction.

The City of Richmond prepared its first application for a federally-assisted code enforcement (FACE) program in 1966 in an area which covers a large part of the better single-family housing within the Iron Triangle. Called "Helms-Triangle North," it was in an area thought to be well-suited for trying out a FACE program

New housing being developed in the Model Neighborhood includes several significant programs. Both the City and County Housing Authorities are carrying out Sec. 23 leased housing programs. One small group is beginning rehabilitation of units under Sec. 231 (b). The development agency using the small amount of land available for housing in its downtown redevelopment project is experimenting with cost-saving techniques in building. One experiment known as "unitment", is a PMA-financed prefabricated structure providing attached very small three bedroom units. Although this particular experiment is not likely to be repeated, the Agency is also experimenting with another prefabrication approach using "building block" modules, affording larger-sized units with considerable savings in construction costs. If successful, Model Neighborhood residents may be able to take advantage of this low cost housing elsewhere in the Model Neighborhood Area. Except for a few scattered locations private new construction or remodeling have been quite limited in the last few years, although remodeling activity continues.

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because of expressed resident interest and capacity to meet some of the property improvement costs. However, the City, after presubmission discussion with HUD representatives, withdrew the application because it would have probably caused more condemnation in the area than federal guidelines indicated was acceptable. With the enactment of the Model Cities Program by Congress, it was determined that a housing approach which provided a high level of service, plus the special financial aids available under FACE, but did not require 100% code enforcement, would be more desirable. Further use of the FACE program outside the Model Neighborhood Area is still under consideration by the City.

There is good potential for the use of the new "Neighborhood Development Program (NDP)", authorized in the 1968 Housing Act, but as yet no specific proposals for its use have been developed by the Model Neighborhood Board and Redevelopment Agency.

C. ATTITUDE OF MODEL NEIGHBORHOOD AREA RESIDENTS TOWARD
"REDEVELOPMENT" AND "CITY HALL HOUSING PROGRAMS"

In 1940, Richmond's population was 23,542. Within the next two years, the population had grown to over 100,000. This great influx of people came to Richmond because of the shipyards that were located here. Richmond was not prepared to house these people; so to meet the demands, 16,000 temporary war housing units were built.

The units were built to last four years, 1942-1946, but because of the scarcity of housing, the housing lease was extended another ten years. Between 1950 and 1956 the population dwindled and, as families moved out of the temporary housing, the units were torn down. No provisions were made to relocate these people and many were evicted on short notice. The Negro population was especially hard hit because of the difficulty in obtaining loans and finding decent housing within a very restricted area. Some families were able to buy old housing in the Iron Triangle, North Richmond or parts of the Southside. The majority of the families were forced to find housing outside of Richmond or move to a subdivision in an isolated area called Parchester Village. The people who found housing in the Triangle could only purchase housing with a fifteen-year mortgage, so that payments were high and people did not have funds

because of expressed resident interest and capacity to meet some of the property improvement costs. However, the City, after presentation discussion with HUD representatives, withdrew the application because it would have probably caused more condemnation in the area than federal guidelines indicated was acceptable. With the enactment of the Model Cities Program by Congress, it was determined that a housing approach which provided a high level of service, plus the special financial aids available under FACP, but did not require 100% code enforcement, would be more desirable. Further use of the FACP program outside the Model Neighborhood Area is still under consideration by the City.

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to effectively maintain their properties. These homes are now paid for, but with the adverse experiences suffered by them, any suggestion of redevelopment or relocation is met with negative reactions.

The second experience suffered by the people in this area was the redevelopment project in the Hensley tract. People were moved out of their homes and were not paid replacement value for their properties. Most of the families were comprised of middle-age couples, who then had to try to purchase comparable homes with inadequate funds. These experiences with redevelopment have left the low-income community suspicious and fearful of it.

One of the main factors in the adverse reaction shown toward annexation in North Richmond was fear of redevelopment. As a sort of straw that broke the camel's back, much of the area from which the war housing was removed was then acquired by the Redevelopment Agency as soon as the houses had been torn down and is now rebuilt with homes at prices which have attracted mostly newcomers. Since these homes are too expensive for the people who had formerly lived in the war housing, they feel that they were pushed out so that redevelopment could build new shiny homes for higher income families.

Whether this was the intent at the time or not, in retrospect, it is what happened and the feelings expressed today are a legitimate reaction. These feelings must be considered in regard to housing proposals under Model Cities as well as any actions of the Redevelopment Agency.

D. CHARACTERISTICS OF RESIDENTS AND CONDITION OF HOUSING

More important than the housing stock or the local housing programs are the people who live in the houses and are affected by the housing programs. Their basic characteristics have been briefly described in Chapter 2; however, elaboration is necessary at this point to highlight those characteristics which have direct bearing on their housing needs.

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CHARACTERISTICS OF RESIDENTS AND CONDITIONS OF HOUSING

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As Table 2-2 giving age distribution indicated, there is a high proportion of children in the pre-school and school-age years as well as persons over 65. Related to this is the higher percentage of one-person and six or more persons households in the Model Neighborhood area as compared to the city as a whole. (see Table 4-5) Families with large numbers of children have difficulty finding appropriate accommodations and need special consideration. Estimates indicate that there is a serious shortage of houses large enough to accommodate these families in the Model Neighborhood Area.

The problem is especially acute when most of these families are low-income. As Table 4-6 indicates, the percentage of families in both categories of poverty selected as indices is twice as high in the Model Neighborhood as in the City as a whole. 52-53% of all families in both groups living within the City are in the Model Neighborhood Area. In three of the five census tracts in the area -- one in each of the three main neighborhoods included in the program -- at least 25% of families had incomes below the \$3,000 poverty line.

Conventional financing of new homes or remodeling has been virtually non-existent and FHA insurance has been available only on a very limited basis. Even very high interest consumer loan-type money has been hard to obtain and, when obtained, has often worked a hardship on the borrower.

As Table 3-3 giving age distribution indicated, there is a high proportion of children in the area school and school-age years as well as persons over 65. Related to this is the higher percentage of one-person and six or more persons households in the Model Neighborhood area as compared to the city as a whole. (See Table 4-2) Families with large numbers of children have difficulty finding appropriate accommodations and need special consideration. Estimates indicate that there is a serious shortage of houses large enough to accommodate these families in the Model Neighborhood Area.

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Model Cities Program
 Richmond, Cal.
 Chap. 4 Housing
 Table 4-5

TABLE 4-5: SIZE OF HOUSEHOLDS IN THE MODEL NEIGHBORHOOD AREA

<u>NO. PERSONS IN HOUSEHOLD</u>	<u>NUMBER</u>	<u>% MNA</u>	<u>% CITYWIDE</u>
One	1,515	25%	17.9%
Two	1,435	24%	29.8%
Three to Five	1,920	32%	42.5%
Six or more	960	19%	9.8%
TOTAL HOUSEHOLDS	5,830	100.0%	100.0%

Source: 1966 Special Population Count, City of Richmond, Cal.

4-13

SOURCE: 1999 SPECIAL REGISTRATION COMBUSTIBLE, CITY OF RICHMOND, CALIF.

LOCAL HOUSEHOLDS

2,930 100,000 100,000

SIX OR MORE

38.0

PRICE TO LIVE

43.28

ONE

52.88

ONE

11.38

NO. PERSONS IN HOUSEHOLD

8 CILLYADE

LEAVE 4-2: EIGHT OF HOUSEHOLDS IN THE LOCAL NEIGHBORHOOD AREA

1999 4-2
CITY OF RICHMOND
RICHMOND, CALIF.
Model Cities Program

The condition of housing in the Model Neighborhood Area is poorer than for the City, Planning Area, or County. In 1960, approximately 70% of the dilapidated housing in Richmond was in the Model Neighborhood Area. Since 1960 the Conservation Section of the City's Division of Building Regulations has demolished approximately 240 units in the Model Neighborhood Area, indicating that a high proportion of the housing judged dilapidated in 1960 has been demolished. Much of the remainder has either been brought up to standard or has action pending on it. (see Table 4-7)

In the unincorporated portion of North Richmond, the County has also been effective in eliminating many blighted structures. The improvement of housing quality in the area since 1960 through elimination of poor housing and better maintenance of good housing is readily visible, especially in the Southside and in North Richmond.

However, since the late 1950's, particularly until 1964, many inexpensive multi-family units were built for occupancy by low income families and were basically inadequate from the beginning. Deterioration of this and other housing since 1960 has been significant. It represents a different problem from "substandard" as defined by the U. S. Census.

The critical need is for financial and technical assistance to rehabilitate and remodel an existing housing stock which is deteriorated or inadequate in terms of size and amenities for the families now living in it. Typical problems include replacing roofs, re-wiring and re-plumbing; modernizing heating plants, kitchens, bathrooms, etc; painting and re-siding, adding extra bedrooms and storage space, and similar work. There is also a need to replace substandard small homes with new homes for the same resident and on the same lot.

An attempt has been made to estimate the current condition of dwelling units in the Model Neighborhood in Table 4-8. Although the data is not directly comparable with the 1960 U. S. Census, the estimates give some indication of the probable extent of clearance and the demand for rehabilitation and new construction in the Model Neighborhood Area.

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Model Cities Program
 Richmond, Cal.
 Chap. 4 Housing
 Table 4-6

TABLE 4-6: FAMILY INCOME - 1959

	a)				Contra Costa County
	Model Neighborhood		City of Richmond		
	No.	Percent of all Families	No.	Percent of all Families	Percent of all Families
All Families	5,980	100.0	18,940	100.0	100.0
With Income Less Than \$3,000	1,380	23.0	2,270	12.0	10.2
With Income Less Than \$1,000	320	5.3	520	2.7	2.7

a) Original boundaries

Source: U. S. Dept. of Commerce, Bureau of the Census, 1960.

Model Cities Program
 Richmond, Cal.
 Chap. 4 Housing
 Table 4-7

TABLE 4-7: CHARACTERISTICS OF HOUSING - 1960

	Model Neighborhood		City of Richmond		Planning Area		Contra Costa County	
	No. Units	Percent	No. Units	Percent	No. Units	Percent	No. Units	Percent
All Housing Units	5,953	100%	23,140	100%	42,250	100%	124,280	100%
Sound	4,485	75	20,770	89	38,160	90	112,250	90
Substandard								
Deteriorating	1,231	21	1,980	9	3,320	8	8,890	7
Dilapidated	237	4	390	2	770	2	3,140	3
Percent Built Before 1940		43		36				
Percent Units Overcrowded		17.2		10.9				
Units Demolished through Code Enforcement 1960-1966	240		330		n.a.		n.a.	
Units brought up to standard as a result of Code Enforcement Program:	360		550		n.a.		n.a.	
Units Cited - cases still pending	420		630					

a) Revised (City-County) boundaries

n.a. - not available

4-15

Source: Condition, overcrowding, age data = U. S. Dept. of Commerce, Bureau of the Census, 1960 - Code Enforcement data = Richmond Dept. of Public Works, Conserv. Section

mean of the Census, 1980 - Code Enforcement Data = Richmond Dept. of Public Works, Concrete, Masonry, Reception
 Source: Condition, overcrowding, age data = U. S. Dept. of Commerce

oldative for - 6.

4-12

Revised City-County population

City Building
 City Cited - cases

Enforcement Pro-
 cess of Code
 Enforcement as a
 life project in

1980-1988
 County Code Enforcement
 City Demolished

County Code Enforcement
 City Demolished

County Code Enforcement
 City Demolished

County Code Enforcement
 City Demolished

County Code Enforcement
 City Demolished

County Code Enforcement
 City Demolished

County Code Enforcement
 City Demolished

County Code Enforcement
 City Demolished

Richmond Model Cities Program
 Richmond, Cal.
 Chap. 4 Housing
 Table 4-8

TABLE 4-8: ESTIMATED CONDITION OF DWELLING UNITS
IN MODEL NEIGHBORHOOD AREA

	a) <u>Model Neighborhood Area</u>			<u>Percent of Total</u>
	<u>Single- family</u>	<u>Number of Units Multiple (2 + units)</u>	<u>TOTAL</u>	
Private dwell- ing Units				
Older than Five Years	2,900	1,680	4,580	100%
Sound	870	405	1,275	29%
Major and Minor Code Defects	1,595	845	2,440	53%
Expected Clearance			1,045	
-Units which may not be rehabilitable (incl. present vacant units)	435	430	865	18%
-Demolitions due to public improvements			180	

a) Revised (City and County) boundaries

Source: 1968 Land Use Survey, Richmond, Cal., Model Cities
 Program; City of Richmond, Building Department

It was pointed out above that many of the newer inexpensive multi-family units were built inadequately from the start and are "substandard" in a sense different from the U. S. Census definition. However, for purposes of general analysis, the data in Table 4-8 assume that the major part of rehabilitation and clearance will lie with those units over five years old. It is anticipated that well over half of the units will require some degree of rehabilitation work and as many as 18% of the units may not be worth rehabilitation.

E. PROBLEMS OF HOUSING

The points brought out above give a general picture of the housing supply and characteristics of its occupants in the Model Neighborhood area, the City and the County. This section will point out specific problems associated with housing choice and supply.

1. Lack of Sufficient Subsidized Housing to Meet the Low-Income Family's Needs"

Low income families who have lived in an area for some time are often able to achieve some balance between income and shelter cost. Their stake in remaining relatively undisturbed is great. Disproportionately high shelter costs for meager shelter are characteristic problems for young, newly-formed households, for newcomers, and, when income shrinks, for elderly residents.

The need for making new inexpensive homes available for purchase by the elderly is particularly acute because so much public and private action such as redevelopment, street improvements and land use changes tend to affect housing owned by them.

The elderly low-income homeowners need to be able to buy a small dwelling unit which can be financed with a large down payment and very low subsequent payments. These units should be built with the special housing needs of the elderly in mind (extra wide doors for wheel chairs, bars on tubs, signal lights in bathrooms, etc.). At the same time there should be special

provision for resale so that the elderly homeowner can be assured that when he dies his heirs will get the equity investment from the home.

In describing housing problems of the elderly, some examples may be clearer than statistics. For instance, one family consists of an elderly blind man with a chronically ill wife paying \$75 for a substandard unit. In such a case public housing for the elderly is obviously most appropriate.

A single elderly woman moved from North Richmond to a clean, two-bedroom apartment in a new duplex in the tip of the Triangle. She is extremely happy with the place but is paying one-half of her small old age assistance check for rent. While housing designed for the elderly would undoubtedly be of better quality and more suitable in the long run, this housing is adequate. It is the rent-income relationship which most needs adjustment in this case.

A particular aspect of the housing blight problem is the existence of many small, new apartments, mostly four-plexes, which were built to minimum standards and have generally received little or no maintenance and have catered specifically to welfare recipients as a market. New ownership ideas as well as means of remodeling these units into duplexes must be developed to help meet the need for larger units. Larger families need special assistance in the form of rent subsidy and the preservation and construction of larger units.

There is a need for quasi-housing units of a special nature. The Chapter on Crime and Delinquency Reduction pointed out the need for more foster homes in the Model Neighborhood to accommodate juveniles on probation and parole. In relation to needs and problems of social services in the Model Neighborhood, special housing for unwed mothers and others with a typical households should be provided.

provision for rental so that the elderly home-owner can be assured that when he dies his heirs will get the equity investment from the home.

In describing housing problems of the elderly, some examples may be cited rather than statistics. For instance, one family consists of an elderly blind man with a chronically ill wife paying \$75 for a substandard unit. In such a case public housing for the elderly is obviously most appropriate.

A single elderly woman moved from North Richmond to a clean, two-bedroom apartment in a new duplex in the city of the 1950s. She is extremely happy with the place but is paying one-half of her small old age assistance check for rent. While she is satisfied for the elderly would undoubtedly be of better quality and more suitable in the long run, this housing is adequate. It is the rent-income relationship which most needs adjustment in this case.

A particular aspect of the housing problem is the existence of many small, new apartments, mostly four-pieces, which were built to minimum standards and have generally received little or no maintenance and have started specifically to welfare recipients as a market. New ownership plans as well as means of remodeling these units into duplexes must be developed to help meet the need for larger units. Larger families need special assistance in the form of rent subsidy and the preservation and construction of larger units.

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Generally, there is a need to allow residents to capitalize on their own skills and assets to improve their property economically.

2. Lack of a Mechanism to Improve and Expand Housing Choice and Supply

a. Restriction of Housing Opportunities

Very few people have unlimited choice of housing accommodations. The major limitations, of course, are: income; availability of certain types of homes; and discrimination because of race, including both the continuing effect of past discrimination and current feelings. In addition, shifts in racial composition of the population of a given area have resulted in people finding themselves involuntarily in a segregated community. All of these limitations exist in West Contra Costa County and especially in the Model Neighborhood Area.

Richmond's older homes are mainly two and three-bedroom cottages. Ordinarily, private replacement of older homes does not take place. Most of the new houses being built in the Richmond area are being built in the outlying suburban fringe, with the only major exception being the Eastshore and Potrero Redevelopment Projects primarily for middle-income families.

Four-bedroom units, in very short supply until the last few years, are becoming available in the recently developed areas toward El Sobrante and Pinole within the Richmond Planning Area, for people who can afford new homes.

While patterns of racial discrimination have varied from subdivision to subdivision, some Negro families have sought and found housing in recently developed parts of the planning area.

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Maps 2-3 and 2-4 in Chapter 2 showing distribution of Negro population as related to total population in Richmond in 1960 and 1966 indicate that, although there are census enumeration districts where the absence of Negro families seems explicable only on the basis of rigid neighborhood attitudes and practices, a significant number of the more desirable homes in suburban tracts on the hill might be available for those who can afford them. While there are problems of discrimination and overpricing, the main restriction to moving to some areas is income.

Nevertheless, the total picture of Richmond's racial and income patterns is one of increasing concentration along racial and economic lines.

Really heterogeneous income areas exist only at Point Richmond and are probably disappearing there. Areas of middle-income housing are available to Negro and Caucasian families, especially in the Redevelopment Areas, but school problems and the relatively greater population pressure for Negro families has made these less-integrated areas than they were when first opened.

Generally, there is a lack of coordinated planning in housing programs and their relation to physical improvements. Effective dissemination of information regarding housing opportunities for Model Neighborhood residents is a basic need.

b. Extensive Absentee-ownership of Property

Other impediments to the improvement of the housing stock include the problem of absentee ownership of vacant as well as occupied parcels.

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b. Extensive Absence of Property

Other impediments to the improvement of the housing stock include the problem of absentee ownership of vacant and suboccupied properties.

Although home ownership is relatively high, still more than half of the parcels in the Model Neighborhood are owned by persons who do not reside in the area. As a result, many of the rental units are in need of extensive repair since the owners are not pressured into making the necessary improvements. In addition, vacant lots need to be taken off the speculative market while they are still within a price range that would make it available for low and moderate-income housing developments or other productive uses. Leverage needs to be exerted upon these landowners to encourage sale or lease of the lots.

c. Technical and Financial Assistance to Non-Profit Sponsors

Aside from the services required by the individual property owner and renter, non-profit and other groups need technical and financial assistance for individual housing projects as well as larger developments. Even though a non-profit group could obtain 100% financing on housing projects, certain costs must first be paid before construction actually begins such as FHA and FNMA fees, land option review, architect, lawyer and engineering costs. This "seed money" is as necessary as receiving technical advice on securing legal and architectural assistance, on obtaining land, and on developing a management program. These services are necessary but not always available to non-profit groups wishing to sponsor low-income housing.

d. Need for Administrative Structure for Taking Advantage of FHA Foreclosures, Possible Move-Ins

Although FHA-foreclosed units become available in the Model Neighborhood from time to time, there is inadequate knowledge of their availability within the area, except for persons facing relocation. In addition, no means exist for alerting Model Neighborhood residents to good houses that could be bought, rather than torn down, and moved from their present site. The Model Cities Program proposes to act as a clearing house for such potential housing units.

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4.2: GOALS AND PROGRAM APPROACHES

A. INTRODUCTION: OVERALL OBJECTIVE

Basically, the overall objective in the housing program is to insure a supply of housing such that every resident of the Model Neighborhood can live in a home which is appropriate to his needs and income and is located in an area he prefers. Achievement of this objective requires the integration of other programs related to housing, such as employment, health, social services, and relocation. Viewed in this manner, the goals, then, can be put into perspective.

B. GOAL #1: TO PROVIDE THE MEANS WHEREBY ANYONE WISHING TO DO SO CAN REHABILITATE OR REMODEL HIS HOME

The most important proposal for accomplishing this is the establishment of a Home and Neighborhood Improvement Center to assist individual homeowners with basic building skills, understanding codes, techniques, and design problems; advise in financing procedures; work with non-profit sponsors to acquire, rehabilitate, and resell houses and any other useful and related activities. This Center would serve as the administrative agency for handling Sec. 115 direct grants and Sec. 312 loans. (See Section 4.3 below for a more detailed description of this Center.)

Local housing code enforcement should be used to obtain improvement of property when necessary. However, the extent to which code enforcement is used would be subject to review by the Model Neighborhood Citizens Board to insure it was not creating unnecessary hardships. Code enforcement would be closely tied to the Home and Neighborhood Improvement Center so that needed services would be readily available.

Other ways of working toward this goal would be (1) to establish one or possibly more demonstration blocks for developing and experimenting with housing development ideas, and (2) investigate and recommend property tax policy modifications to reduce the immediate impact of higher taxes following rehabilitation.

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C. GOAL #2: TO DEVELOP NEW HOUSING, ESPECIALLY FOR THE ELDERLY, LARGE FAMILIES, AND PERSONS DISPLACED BY PUBLIC ACTIONS, AT RENTS OR PRICES WHICH MODEL NEIGHBORHOOD RESIDENTS CAN AFFORD

For developing new housing, the major approach is the establishment of a Housing Development Corporation in Richmond which could sponsor new housing or give financial and technical assistance to other non-profit sponsors of housing. (This Corporation is described in detail in Section 4.3, below.)

Other programs which are proposed to meet particular household needs for new or remodeled housing for low-income families are the rent supplement and Sec. 23 leased housing. Also, plans are under development for converting existing four-plex apartments into large duplex units for larger families. An additional program calls for designing small "patio" houses that could be built for the elderly or smaller families, and for designing a house which can be moved onto small vacant lots or can replace present deteriorated homes on small lots.

D. GOAL #3: TO PROVIDE INCREASED OPPORTUNITY FOR FAMILIES TO FIND HOUSING OF THEIR CHOICE ANYWHERE WITHIN THE GENERAL RICHMOND AREA

Opportunities in housing can be expanded and a variety of needed new housing outside of, as well as within, the Model Neighborhood Area can be provided through the Housing Development Corporation. A central relocation service would help assure that people are made aware of all housing opportunities within the entire area. Through concerted development of new housing, schools, and community facilities, people can be encouraged to remain within the Model Neighborhood.

Affecting almost all of the program approaches outlined above would be the Housing Advisory Council, which is in the process of being established now. This is a joint committee composed of representatives of the various neighborhood councils in the City, plus Spanish-speaking representatives. It will be responsible for providing information on housing needs and programs, and for review of public agencies involved in developing housing, including the Redevelopment Agency, the two Housing Authorities, and the Model Cities Program itself. As a

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City-wide group, it will be instrumental in keeping the housing efforts from becoming too concentrated in the Model Neighborhood Area. Although still being formed, it is expected that this Council will play an important role in developing sound housing policy.

The following information is being given to the people in the Model Neighborhood Area and is presented to the Model Neighborhood Council as the Model approach to housing in the Model Cities. It is expected that an introduction to Richmond's program.

The Model Cities Program will be an answer to the need for the people of the city. The Model Cities Program is designed to provide a better living environment for the people. It is expected that the program will be successful in providing a better living environment.

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4.3: PRIORITIES AND STRATEGY

A. INTRODUCTION

The following discussion on the "Housing Needs of the People in the Model Neighborhood Area" was presented to the Model Neighborhood Citizens' Board as the basic approach to housing under Model Cities. It is repeated here as an introduction to Richmond's Program.

"The Model Cities Program will be an across the board attack on the problems of the residents of the Model Neighborhood Area, leading to substantial improvement in the living conditions of the people. A major part of the program will be concentrated on improving housing conditions.

"In Richmond it is proposed that we start with the people -- not the houses nor the land. As a general approach, we will define the needs of the residents regarding the houses, rather than concentrating on the condition of the houses. How is this different? Well, for example, if you start with the property, you might say "X" number could be fixed up but it would cost more than the economic rent. Therefore, our program should be so much redevelopment, so much code enforcement, etc., and so many housing units to provide for relocation.

"But if we start with the people, we begin to figure this way -- Mrs. X has a house that she has lived in for a long time. It isn't a very good house but she likes the location, it is paid off and she'd be happy if only the roof didn't leak. So we try to figure a program for Mrs. X to get her leaky roof fixed at a price she can afford. She can't afford much because she has a low-paying job, but if she had a low interest rate loan and had help in filling out the loan forms, she could get her roof fixed.

"As for Mr. and Mrs. Y next door, although their house is in good condition it cannot be enlarged, so they would like a different and larger house since the children are getting older and they need more bedrooms. Their next door neighbor, also with a house in good

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condition, would prefer to add on an extra bedroom because they find their present location just right. These are the real everyday problems. People come to us asking: How can I get a cheap loan? How can I buy the house I am presently renting? Will I have to move because of Model Cities? Could you help me add a bedroom? Do you know of anyone who wants to buy and fix-up an old house I used to live in and still own? My house is just an old shack beyond repair, but I want to keep my garden and have a place for my dog to run. What can I do?

"We started with the requirements expressed in these kinds of inquiries and identified as many of the existing housing programs as possible which help solve the problems. New programs are proposed to fill in the gaps where no existing program will do. (Some of these "new programs" are already in the 1968 housing legislation.) Finally, it is proposed to make the programs available through new Model Cities machinery designed to help each individual family find the housing aid best suited to his overall needs.

"The families' needs in areas related to health, education, employment, etc., may conflict with the housing need and be more important. The Model Cities Program proposes to put the family needs first not the "property" needs.

"For instance, if a mother with children feels she must continue to live next door to relatives so they can care for her children while she pursues a vocational education course, ways should be found to fix up or simply stay in her present home, even if it has some defects, for as long as the baby-sitting arrangement is necessary. Under a typical urban renewal approach whether code enforcement or rehabilitation, the condition of the house becomes paramount and a housing solution is found within this limit. The actual housing solution may be the same -- for instance the house may be rehabilitated by the owner and leased to the Housing Authority under Section 23 or it may be rehabilitated by a non-profit corporation under Section 221 (h) and sold to the tenant at a low interest rate.

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without improvement in economic and social well being of the residents, as in public housing, housing conditions as well as human conditions have often deteriorated rather than improved.

"The major justification for compulsion rather than voluntary action has been the need to regulate the absentee landlord. This, the city and county have the power to do and Model Cities can make sure that this power is used appropriately and, if need be, extensively. With the effective use of the scattered vacant land, the desire to keep the area heterogeneous and the present mix of both good and bad housing, there is no need in most cases to use excessive legal power."

The carrying out of the housing programs will involve a three-pronged mechanism: (1) the Home and Neighborhood Improvement Center, which will be the place that an individual will go to discuss and work out his or her housing problems. It will be a direct operating arm of the Model Cities program. (2) the Richmond Housing Development Corporation will provide the financial impetus for housing development on a small and large scale. It will provide seed money and technical assistance to developers of new and rehabilitated housing and provide maintenance services and training programs. It may also engage in direct building operations. Because it requires a stable and broad financial base, it will be a part-private, part-public operation -- an independent non-profit corporation. As such, it has financial responsibilities broader than and personal responsibilities less direct than the Home and Neighborhood Improvement Center. (3) the Housing Advisory Council which will be a group of local residents advising the Model Neighborhood Citizens' Board on housing matters, should be especially instrumental in helping influence the Housing Corporation to provide the kind of housing desired by the residents.

It is recommended that, at least at the beginning, these be kept as separate agencies. These three arms -- a direct service office, a home building and maintenance agency and a citizens' advisory group, should complement each other and together produce the housing improvement and the job opportunities through housing desired by the Model Neighborhood residents. The three approaches are described in detail below. Also described is a

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"demonstration block" approach to show, in one area, how the different agencies will work and fit together.

B. FORMATION OF A HOUSING ADVISORY COUNCIL

The plethora of new housing legislation passed in Congress each year and the apparent ineffective dissemination of current plans of the Redevelopment Agency and the Housing Authority to the community point out the need for improved communication and information between the agencies involved in providing low-cost housing and those residents continually affected by their programs. A proposed Housing Advisory Council composed of representatives from the various neighborhood councils and the Council of Spanish Speaking Organizations would review federal housing programs to determine their value and suitability for Model Neighborhood residents and low-income residents of the City of Richmond as well as review housing plans of the Redevelopment Agency, the Housing Authority and other agencies. The Council would advise the Model Cities Board on low-cost housing for the entire city and try to bring a coordinated effort in housing. Staff assistance to this Board will be provided by the City itself, by the Model Cities staff and probably by the Community Design Center, now being established in Richmond by the University of California Extension Program of the College of Environmental Design.

C. ESTABLISHMENT OF A HOME & NEIGHBORHOOD IMPROVEMENT CENTER

The following material describes a proposed program for providing a wide range of services to aid residents and property owners in the Model Neighborhood Area to improve their homes and community. It is hoped that the program can be started as soon as sufficient money is available to begin operation.

Purpose

To provide in a convenient location at convenient times, a one-stop service center for any person seeking to remodel, rehabilitate, or otherwise fix-up property or for any group undertaking a block or neighborhood improvement program.

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Types of Services

Service available at the Center would cover a very wide range, from advice and assistance to training in techniques to direct provision of labor required to accomplish needed work. The Center could begin operation before all the services were ready to be provided.

More specifically, services would include:

1. Advice to property owners on suitable materials, equipment, and techniques; including "consumer education" in recognizing frauds, gyms, and unsatisfactory services or products.
2. Aid in design or planning for remodeling and rehabilitating; including sketch plans or detailed plans and specifications or other architectural services.
3. Aid in obtaining needed permits for work and aid in interpretation of codes and regulations.
4. Advice and assistance in obtaining financing, including especially aid in obtaining FHA as a Local Public Agency eligible to make Section 115 grants and Section 312 rehabilitation loans and that the Model Neighborhood be recognized as a project area for this purpose.

(Note: "Section 115" grants provide for payments of up to \$3,000 to low-income homeowners (below \$3,000 per year) for doing work necessary to meet code standards. "Section 312 loans provide for direct (from HUD) 3% loans to homeowners for fixing up property to meet code requirements or to do limited additional remodeling work).

5. Training in various techniques for "do-it-yourself" improvements -- for example, laying linoleum, taping sheetwork, patching roofs, plastering, etc. This would range from special classes with practice sessions to direct instruction on the job, to provision of literature and illustrative material. Rental or loan provisions for special tools could also be included.

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More specifically, services would include:

1. Advice to property owners on suitable materials, equipment, and techniques, including "consumer education" in recognizing brands, types, and unsatisfactory services or products.
 2. Aid in design or planning for remodeling and rehabilitating, including sketch plans or detailed plans and specifications or other architectural services.
 3. Aid in obtaining needed permits for work and aid in interpretation of codes and regulations.
 4. Advice and assistance in obtaining financing, including especially aid in obtaining FHA as a local Public Agency eligible to make Section 115 grants and Section 312 rehabilitation loans and that the Model Neighborhood be recognized as a project area for this purpose.
- (Note: "Section 115" grants provide for payments of up to \$3,000 to low-income homeowners (below \$2,000 per year) for doing work necessary to meet code standards. "Section 312" loans provide for direct (from HUD) 3% loans to homeowners for fixing up property to meet code requirements or to do limited additional remodeling work).
5. Training in various techniques for "do-it-yourself" improvements -- for example, laying linoleum, taping sheetrock, patching holes, plastering, etc. This would range from special classes with practice sessions to direct instruction on the job, to provision of literature and illustrative material. Rental or loan provisions for special tools could also be included.

6. Advice and assistance in gardening and landscaping, including aid in preparing soil, eliminating pests and diseases, selecting appropriate plants, etc. These materials would also include an "exchange" for surplus plants.
7. Advise tenants on means of obtaining needed repairs and improvements in rental property. This could include contacting owners in order to inform them of services and aid available from the Center and encouraging them to use these services; working with building regulations officials to get violations corrected; help to work out arrangements for tenants to do work in exchange for rent payments, or any other services which might aid tenants in getting improvements made.
8. The Center would provide advice and assistance, including "community worker services" to blocks or groups of neighbors interested in area projects such as street planting, clean-up campaigns, etc. The Center would serve as an agency through which public or private beautification assistance could be channeled, and could provide various services to community groups fixing up buildings for their own use. The community workers would also teach people the proper use, cleaning, and maintenance of their houses and show them the proper use and maintenance of new appliances.
9. Direct provision of labor for various types of work. Some types of work, not normally provided by union labor, would be provided by crews working directly out of the Center. Such work would be primarily unskilled labor such as heavy gardening (trimming hedges, mowing lawns, turning over soil, etc.) trash and debris removal, tearing down old fences or sheds, cutting down weeds, cleaning out garages, etc. This type of service would be particularly useful to elderly or handicapped persons or women heads-of-household who cannot perform such work themselves. These crews would be composed of Neighborhood Youth Corps workers and/or would be directly hired by the Center. Crew leaders would be hired from the ranks of unemployed adult men.

More skilled or specialized work of a kind normally performed by organized labor would require carefully worked out arrangements with the labor unions involved. Examples of this work include: electrical wiring, plumbing, carpentry work, brick and masonry work, house painting, concrete work, etc.

Approaches to be used in these situations are:

- a. When the property owner can afford to do so, the work would be contracted in the usual manner to a licensed contractor employing union labor. Contractors working in the Model Neighborhood Area on jobs generated directly by the program would be required to employ minority group members, including new apprentices, on such jobs.
- b. Where the property owner cannot afford the above, the work would be done by employees of the center who are apprentices in the various unions, with supervision provided by a union member as required by union regulations.

Generally, the first eight types of advisory services described above, and the non-union labor services, would be provided as soon as qualified persons could be hired for the Center, or could be made available on a volunteer basis. The provision of skilled labor services would be provided as soon as working agreements with the respective unions are established.

Location and Operation of Center

The Center will be located within the Model Neighborhood Area and specifically within the Iron Triangle. This is a central location and is in the portion of the Model Neighborhood with greatest amount of older single-family housing in need of rehabilitation. If needed, centers or branches of the first Center can be established in the other two parts of the Model Neighborhood after this first Center is operating fully.

The Center could be located in either a commercial or residential structure, although the latter is preferred,

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 Richmond, Cal.
 Chas. A. Houston
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as it can be used to provide an example of rehabilitation techniques and would be used in training or classwork as a test model. Ideally, two adjacent buildings, one for offices and one for demonstration could be used.

The Center would be open at times geared to the needs of the people to be served. The following is proposed as the initial operation time, subject to change if necessary after the Center is in operation.

[Sunday	Closed (some services might be available	
[Monday	on an appointment basis if necessary)	
	(Hours subject to change)	
Tuesday	8:30 to 5:30 p.m.	- 9 hours
Wednesday	11:30 to 8:30 p.m.	- 9 hours
Thursday	8:30 to 5:30 p.m.	- 9 hours
Friday	11:30 to 8:30 p.m.	- 9 hours
Saturday	8:30 to 5:30 p.m.	- 9 hours
5 days		45 hours

It is expected that most advisory services would be provided at the Center to people who would come there. However, certain services such as measuring rooms, preparing sketches for cost estimates, or of course, labor services, would require going to the clients residents. Adequate staff to "cover" the office, adequate equipment, including tools and transportation, would be provided for in the budget.

Administration

Initially, the Center would be an integral part of the Model Cities Program. The Center director would be hired following procedures established for Model Cities staff hiring and funds would be channeled through the City of Richmond, the official contracting agency for contracts with the Federal government. This arrangement could be continued or, if the needed organization were developed, a private, non-profit group could take over the center and contract with the city or directly with the federal government. This would be especially desirable if a way of financing the Center beyond the five-year Model Cities period is found, or if service is extended beyond the Model Neighborhood Area.

Cooperation with other Agencies

The Center would co-operate closely with other public agencies, including the City of Richmond Building Regulation and Housing Inspection Divisions, the City and County Public Works Departments, City and County Health Departments, City and County Housing Authorities, and the Richmond Redevelopment Agency. The center could also co-operate with non-profit groups sponsoring the rehabilitation of houses for re-sale to low-income buyers under Section 221 (h). In addition, the Center could work closely with the "Community Design Center" proposed to be located in Richmond under the auspices of the University of California extension program. The Design Center, for example, could provide more extensive design and architectural services, including landscaping design and neighborhood improvement program planning.

D. ESTABLISHMENT OF A RICHMOND NON-PROFIT HOUSING DEVELOPMENT CORPORATION

Needless to say, the supply of housing for low-income families in Richmond needs to be improved and expanded. Private industry, has found it economically infeasible to construct or rehabilitate low-income housing on any large scale without subsidy. Public programs, by themselves, have also been inadequate in dealing with the problem; because of the "this-is-good-for-you" approach and congressional limitations on programs. What is needed is concerted effort to merge the best features of both to more effectively serve the low-income family's housing needs with a private, non-profit Housing Development Corporation, working in the public interest and responsive to the community. The Model Cities Program can do much to meet the need.

Specific problems in improving and expanding the housing supply in Richmond which might be all or partially solved by the Corporation include:

- a. Lack of houses to accommodate the large family.
- b. Owner-occupants, including many older or elderly families, without resources to improve or change their housing.
- c. Need for non-profit community organizations such as churches and community organizations to overcome initial limiting factors such as:

- (1) lack of technical staff (legal, financial, architectural, etc.)
- (2) lack of "seed money" (to meet pre-construction costs)

d. Lack of maintenance and management services for housing.

This working draft suggests potential activities and the steps in establishing a Housing Development Corporation, its possible organizational and financial structure, and how it and the proposed Neighborhood Improvement Center can work together to meet Richmond's housing needs.

2. Potential Services to Perform

In view of the problem mentioned above, a non-profit housing development corporation could perform a variety of services such as:

- a. Financial Assistance. Even though a non-profit group could obtain 100% financing on housing projects, certain costs must first be paid before construction actually begins such as FHA and FNMA fees, land option review, architect, lawyer, and engineering costs. Where is the money to come from? This necessary "seed money" could be obtained from the Housing Development Corporation's revolving loan fund and the Corporation should be prepared to take some risk of loss of "seed money" if no mortgage commitment is forthcoming, or if it is necessary to provide for ineligible costs.
- b. Technical Assistance. Technical advice on securing legal and architectural assistance, on obtaining land, and on developing a management program are necessary but not always available to non-profit groups wishing to sponsor low-income housing. The Housing Development Corporation could serve as a technical resource to the community by:
 - securing appraisals on land sites, assisting in market analyses,
 - coordinating plans between architect and contractor, including methods for estimating bidding and contract negotiations,

- aid in preparing legal documents and financial arrangements, both with federal agencies (FHA, FNMA) and the lender,
- Providing overall guidance in the development of a housing program

- c. Land Acquisition. There are many vacant lots in the Model Neighborhood Area and these can be taken off the speculative market while they are still within a price range that would make it available for low and moderate-income housing developments or other productive uses. The Corporation budget should provide for payment of taxes and maintenance cost while it is in the hands of the Corporation.

The Housing Development Corporation could acquire these vacant or deserted residential parcels through donations, foreclosures for tax delinquency, or normal purchase for a "land bank". These could be used for additional public or private housing, or could be made available to someone else for use as playlots, off-street parking sites or some other purpose consistent with the overall plan for the Model Neighborhood Area.

The Corporation might also purchase improved property, holding it for conversion to another use or for rehabilitation under 221 (h) or other programs.

- d. Direct and Indirect Sponsorship. The supply of housing is much less of a problem than financing the demand for that housing. The Corporation could directly sponsor projects or could provide the backing and help needed by other non-profit sponsors. It could:

- (1) Sponsor and sell units to eligible low-income families through federal programs such as:

- (a) FHA Sec. 221 (d) (2): federal home ownership aid for moderate income and displaced families.
- (b) FHA Sec. 221 (h): rehabilitation for resale to low-income families.

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- (c) development of co-operative or condominium apartments.
 - (d) Section 235, 1% mortgage loans programs (from 1968 Housing Act).
 - (e) Leasing units to the Housing Authority under Section 23, and then, if he is eligible, allow the tenant to purchase property.
- (2) Sell land or new rehabilitated units to other non-profit corporations.
 - (3) It could sponsor directly or aid other sponsors in developing rental units under Sec. 221 (d) (3) or the new Section 236 of the 1968 Housing Act.
- e. Innovation. The Housing Development Corporation could test new techniques of construction and new patterns of housing finance. For example, if the Section 235 1% mortgage program is inadequate to meet all of the situations in which low-income families may wish to purchase homes, Richmond's Housing Development Corporation could reinsure FHA on mortgage loans which FHA ordinarily could, by establishing its own criteria with respect to credit, property type and location, enable lower income families to obtain housing finance. The Corporation could also serve directly as the sponsor for housing, using new construction techniques deemed desirable.
- f. Management Training. The corporation could provide experience and training for people who could become apartment house or project managers, maintenance servicemen, professional housing development consultants, etc.
- g. Coordinator and Clearing House Function. A big virtue would be its involvement in many facets of housing. The corporation could act as the basic coordinator of policy on housing and could assure communication between the many segments of the community involved, including citizens, business and finance, labor, government at all levels, and sponsoring groups.

3. Staging of Programs

All of these activities mentioned above would eventually be carried out simultaneously, but some staging of the development of the Corporation will be necessary so that it can grow at a manageable rate.

For example, the activities most likely to be done first might include aiding other non-profit sponsors by providing technical help and "seed money", direct sponsorship of one or two projects, and, if money is available, acquisition of sites. Training function and experimental or innovative construction and financing approach would follow as soon as the Corporation could accommodate them.

The Corporation would be primarily conceived with the idea of developing housing in the Model Neighborhood Area, but, of course, would not be strictly limited to that area if development elsewhere is desirable to meet the needs of the people of the City.

4. Proposed Organizational Structure

There are a variety of ways to set up the organization, but the basic components should include the following:

A Board of Directors would manage the affairs of the Corporation and could be composed of representatives from the community, business, labor, neighborhood organizations, churches as well as bankers, realtors, builders and persons experienced in mortgage financing. A sizeable minority or even a majority of this Board should be appointed by the Model Neighborhood Citizens' Board and should consist of people clearly representing the interest of people who need better housing. If the Board becomes a large body, to insure representativeness, then a smaller executive committee should be created to permit the Board to act more quickly and efficiently. Other members of the Board might be directly elected from the community or appointed by various public and private agencies.

To assist the board would be a Finance Committee to consider loans, grants, and other financial transactions, and such other committees as may be necessary.

Key to the Corporation is an Executive Director, hired by the Board, with an ability to understand housing finance, project development and management, and to communicate with business and neighborhood groups. Other staff would be hired as needed, but all hiring should be in accord with policies worked out in advance by the Model Cities Board.

5. Proposed Financial Structure

Financial support for the Housing Development Corporation is needed for its initial set-up as well as for its continuing operation and there are a variety of possible sources of income. For example, as the following chart shows, the Corporation's "seed money" function can be based upon a revolving fund; loaned out and then paid back in to the fund when the mortgage is closed, so that it can then be re-used. The revolving fund can be initially created through public and private grants and/or loans, (including some direct Model Cities funds) and it can be continually operating through fees, interest, and other payments.

The basic annual operating cost would have to be met from public and private agency contributing or from membership dues if general participation is made possible. The City, County, Redevelopment Agency, Housing Authority, local industries, lending institutions, foundations, etc., could all contribute relatively small amounts toward this in an annual basis.

E. DEMONSTRATION BLOCK OF HOUSING AIDS

The application of the variety of housing aids on a particular block in the Model Neighborhood would be instrumental in demonstrating to residents of the area the possible ways they could improve their property. For example, a vacant lot could be used by a church group wishing to sponsor low-income housing or by the owner who wants to build a new house for his family.

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Elsewhere on the same block, old houses not worth rehabilitation could be torn down and new four bedroom houses to accommodate the larger family could be constructed. Many of the existing units will probably require only minor improvements. As a result, many of the houses on the demonstration block may only require paint-up and fix-up or the owner may desire to add a garden to enhance his property. The Demonstration Blocks may be set up as a Neighborhood Development Program (NDP) in order to facilitate site acquisition, making physical improvements and providing desired amenities.

It will require a variety of ways to execute the demonstration block. The Housing Development Corporation can assume the responsibility of insuring that property owners, renters, and sponsors of housing on the block receive whatever technical and financial assistance they need. Coordination of the work will require joint action by the Home & Neighborhood Improvement Center, Housing Development Corporation, and probably, the Housing Authority and the Redevelopment Agency.

In conclusion, the basic strategy in improving MNA housing is to consider the needs of the owner or tenant before the property itself. That is, develop new housing to meet the needs of the Model Neighborhood residents and not on the basis of what is most "marketable".

It is hoped that the groundwork for these programs can be laid during the first action year. The Home and Neighborhood Improvement Center would most likely be established before the Housing Development Corporation because of the comparative ease in setting up its administrative and financial structure. However, before the end of the first year, it is hoped that these programs are well underway to speed up the improvement and expansion of the housing supply to meet the present need.

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RELOCATION

5.1: PROBLEM ANALYSIS

A. PRESENT POLICY

1. Policy in the Model Cities "Program Guide"

The basic relocation policy of the Model Cities Program, based on the legislation and, as outlined in the "Program Guide", is that the relocation program should provide for the relocation of all households, business concerns and non-profit organizations displaced as a result of activities done in carrying out the local Model Cities Program. This is true whether the displacement results from the activities of a public agency or a private owner or a developer, as long as the activities are consistent with and designed to implement programs included in Model Cities. At a minimum, the relocation standards and policies prescribed for urban renewal projects shall be used in regard to any relocation resulting because of Model Cities.

In addition, the Program Guide states that the "Relocation Plan" must indicate, (a) measures taken to minimize relocation, (b) how relocation will be coordinated with and timed with provisions for increasing the supply of good housing, (c) how relocation assistance will be provided, (d) how related services needed by relocated families will be provided or obtained, (e) how business and other non-residential relocation services will be provided.

Section RHA 7212.1 of the Urban Renewal Handbook is the definitive work on relocation procedure and policies for urban renewal projects. This section details and explains all of the requirements for establishing a relocation program and gives examples of the items required to be included in the program proposal. Without going into complex details, present relocation services and payments include:

- 1) determination of housing needs of individual or family as soon as or even before property is bought by the public agency. This

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includes determining size and location of house needed, whether purchase or renting is preferred, purchase price or rent possible, special requirements such as those for elderly or handicapped, etc.

- 2) assistance is provided to the family in finding a "decent, safe and sanitary" home meeting their requirements and available on a non-discriminatory basis. When such a home has been found and after it is inspected by the agency, the agency will pay moving costs or an in lieu of moving costs payments of up to \$200.00. In addition, a supplementary relocation payment of up to \$1000.00 (as of 1968 Housing Act) can be paid under certain conditions to assist in obtaining satisfactory housing for persons who cannot afford it without paying excessive amounts of their income for housing. (Note: one of these conditions is that a person can receive such a payment only if there is no available public housing unit into which he can move, and if he moves into public housing he cannot receive the payment.)
- 3) if a family moves into sub-standard housing on its own, the relocation agency must continue to try to aid them in finding satisfactory housing.

In addition to the increase up to \$1000.00 for relocation adjustment payments, the 1968 Housing Act made one innovative and very helpful change in the relocation area. The Act now makes provision for the payment to certain displaced families and individuals who own real property that is acquired for Urban Renewal (or Model Cities) programs based upon "replacement value" rather than "market value". A displaced family or individual owning real property which is improved by a single or two family dwelling and who occupied such dwelling for at least one year prior to negotiations for the acquisition of the property may receive a sum equal to the difference between the acquisition payment and the average price required to purchase replacement housing that is decent, safe and sanitary, of modest standards, adequate in size to accommodate the displacee(s),

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and is reasonably accessible to public services and places of employment. The additional payment is limited to a maximum of \$5,000 and the \$1000 "adjustment payment" can not be received. In addition, a displaced owner must in fact purchase and occupy the replacement dwelling within one year subsequent to the date of dispossession from the former home to qualify for the "replacement cost" increment.

2. Additional Policy in CDA Letter No. 5

City Demonstration Agency (CDA) Letter No. 5, "Policies and Requirements for Model Cities Relocation", November, 1968, expands on the policy laid down in the Program Guide. Specifically, it provides that "No family or individual may be displaced from its residence by a capital project or activity included in a Program until that individual or family has chosen and has acquired the present right to occupy suitable relocation housing or has refused a reasonable choice of indentified suitable relocation housing."

The Richmond Model Neighborhood Citizens' Board has, from the initial application period on, maintained that this policy is necessary as a basis for any relocation program which genuinely places the interests of people over those of projects or programs and specifically declared it to be the policy for Richmond's Model Cities Program.

Other expansions on earlier policy are that the Model Cities Program shall not result in a net reduction in the supply of low-and moderate-income housing and that any new units needed to replace low-and moderate-income units removed must be under construction within a year after the units were removed.

Model Cities relocation must be closely coordinated with any other relocation occuring in the City to assure that the available supply of low- and moderate-income housing is not inadequate to meet the total needs of the City.

The relocation process is expected to contribute to the creation of a well-balanced city through provision of maximum opportunity for choice in

and is reasonably accessible to public services and
places of employment. The additional payment is
limited to a maximum of \$5,000 and the \$1000
"adjustment payment" can not be received. In addition,
a displaced owner must in fact purchase and occupy
the replacement dwelling within one year subsequent
to the date of dispossession from the former home
to qualify for the "replacement cost" increment.

Additional Policy in CDA Letter No. 2

City Demonstration Agency (CDA) Letter No. 2,
"Policies and Requirements for Model Cities Relocation",
November, 1968, expands on the policy laid down in
the Program Guide. Specifically, it provides that
"no family or individual may be displaced from his
residence by a capital project or activity included
in a program until that individual or family has
chosen and has acquired the present right to occupy
suitable relocation housing or has refused a
reasonable choice of identified suitable relocation
housing."

The Richmond Model Neighborhood Citizens' Board
has, from the initial application period on, maintained
that this policy is necessary as a basis for any
relocation program which genuinely places the
interests of people over those of projects or
programs and specifically declared it to be the
policy for Richmond's Model Cities Program.

Other expansions on earlier policy are that the
Model Cities Program shall not result in a net
reduction in the supply of low-and moderate-income
housing and that any new units needed to replace
low-and moderate-income units removed must be
under construction within a year after the units
were removed.

Model Cities relocation must be closely coordinated
with any other relocation occurring in the City to
assure that the available supply of low-and moderate-
income housing is not inadequate to meet the local
needs of the City.

The relocation process is expected to contribute
to the creation of a well-balanced city through
provision of maximum opportunity for choice in

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housing to minority groups families and individuals displaced as a result of the program. (HUD policy on equal opportunity in housing is also further spelled out in other references and policy letters).

In regard to administrative organization, CDA Letter No. 5 places full responsibility on the CDA for compliance with the standards set forth in the letter, although calling on the CDA to arrange with some appropriate local agency, preferably a central relocation agency, to administer the program. In Richmond, the Redevelopment Agency relocation staff handles all redevelopment relocation, plus any City relocation, plus contracting with the City of El Cerrito for relocation services in connection with a Code Enforcement Project. The CDA is responsible for coordination with any agency causing displacement, regardless of whether the CDA has any control over the Agency or not.

The CDA is responsible for seeing that all necessary public information is made available, including the specific responsibility of assuring that relocation agency staff explain, in person, to each potential displacee the policies and requirements of CDA Letter No. 5.

The CDA is responsible for establishing adequate standards as to what constitutes suitable relocation housing, for policies for temporary relocation, including limiting it to no more than twelve months, for location standards for suitable housing, and for "ability-to-pay" standards, which shall be such that no displacee is expected to pay more than 25% of his gross income (less an exclusion of \$300 per minor child and any income of minor children) for rent plus utilities.

The CDA is responsible for seeing that relocation assistance consistent with the requirements for the urban renewal program is provided. In addition, the CDA must coordinate the provision of additional informational, counseling and technical assistance from other agencies or else provide it directly. If needs of displacees are not met by the relocation staff or other agencies, it is incumbent on the CDA to provide them directly.

The relocation program must also provide effective assistance, including Small Business Administration aid, to businesses and other non-residential organizations which must relocate. Businesses must be encouraged to remain in the Model Neighborhood Area unless this is incompatible with the overall Program and its land use provisions.

Payments equal to those provided under the urban renewal program must be provided to all eligible persons displaced by HUD -- assisted programs, including the Model Cities Program. However, the CDA cannot make payments in excess of the levels established for the urban renewal program unless the amount in excess is paid under some program (other than HUD) which provides for such higher payments. If an agency causing displacement does not provide for relocation payments equal to those for urban renewal, then the CDA is responsible for making up the difference, out of its own funds if necessary.

On temporary relocations, persons who must move from their home during rehabilitation, and then move back into it, may be compensated up to the maximum amount for a single move. In all other instances of temporary relocation, only the reasonable and necessary costs of the first move are paid.

3. Relocation Policy of The City and State Highway Department

Under the provisions of Richmond's "Workable Program for Community Improvement" as required by the Federal Government, the City must provide a relocation plan and relocation assistance, but not payments, to any persons displaced by City action, such as park expansion, street improvement, code enforcement, etc. In addition, the Housing Authorities of the City and County, as HUD aided agencies, must provide assistance, but not payments, to persons who must move out of public housing because they exceed eligible income limits.

The only other agency which provides for relocation services and payments is the State Highway Department, and they can do so only under the new provisions of the Federal Highway Act of 1968. Since State funds are not yet provided, these services and payments

are currently applicable only to Federally-aided projects. Basically, the Federal Highway Act relocation programs parallels the urban renewal program, except that in addition to up to \$200.00 of direct moving costs, a "dislocation allowance" of up to \$100.00 can be made. Also, the amount of the additional relocation payment is a maximum of \$1500.00, rather than the \$1000.00 now provided under urban renewal. Although these payments are now authorized, they are just beginning to be put into effect and details of administration are not yet clear.

B. CRITIQUE OF PRESENT POLICY & SERVICES

1. Conflict Between Relocation Service Requirements and Relocation Payments Policy

The requirements made of the CDA in regard to administrative procedures, provision of information and service, coordination with other agencies, assurances of standard housing, etc., are all extremely well stated and reflect the necessary deep concern for the person facing publicly-forced relocation. Essentially, they say the CDA must make a great effort to see that those affected are not seriously hurt by the impact of a forced move and, if possible, that they better their situation.

However, when it comes to backing this policy with the necessary payments to make sure that relocation does not work a hardship financially, the policy behind the present structure is much less generous and sympathetic. In fact, it falls so far short as to seriously impair the value of all other relocation assistance. This difference is primarily due to the unwillingness of Congress to back up the easy rhetoric of relocation with the hard cash of its real cost.

The City of Richmond Model Cities Program feels that, in order for relocation to be successfully handled in the MNA, the necessary financial backing for relocation must be provided. The specific improvements in payments are detailed in Section B2 below.

But, the Richmond Program calls for going further and exploring a shift in the concept of relocation payments away from a minimal, and hence negative, means of salving over the worst costs of moving to a positive "moving up" payment which would act as an incentive to people to move into standard housing. This approach would call for a wider use of payments -- more as "moving payments" or "move-in" payments rather than simply "relocation payments." It would encourage people to move from substandard to standard housing, and would thus, indirectly, push property owners into keeping their properties in standard condition in order to hold tenants. There are many aspects of this concept which need to be explored further, but Richmond plans to include further analysis, and perhaps experimentation, in the next year of the Model Cities Program.

2. Specific Relocation Payment Problems

Below are listed a number of "payment" problems which have been identified by the Richmond Model Cities Program during the planning year.

In most cases if Richmond is going to provide the payments it considers necessary and adequate, it will have to exceed the present limits on relocation payments. These limits, as spelled out in CDA Letter No. 5, say that relocation payments for Model Cities shall not exceed those provided for under the Urban Renewal Program. (The high living cost in California makes limitations on payments particularly difficult.)

Richmond requests that for the Model Cities Program HUD administrative and auditing policies for relocation be expanded to the maximum extent possible within the present legislation. Further, where legislative changes are necessary, Richmond requests that HUD make maximum effort to obtain the needed changes and to have Congress back up its assistance and service requirements with financial support adequate to meet the needs of the people.

The following problems are not necessarily listed in order of importance:

- (a) Presently families being relocated from Richmond's Downtown Redevelopment Project (Calif. R-56) are

sometimes exceeding the \$200.00 maximum moving cost limit since this problem will undoubtedly occur elsewhere in the MNA, this limit needs to be removed and replaced with a policy that "all reasonable and necessary moving costs will be paid."

- (b) Many incidental costs of relocating are not chargeable as "moving" costs. A "dislocation allowance" is needed. This would be similar to the \$100.00 now allowed for dislocation costs for highway relocation (in the 1968 Highway Act), but should not be limited to \$1000.00 if that figure proves inadequate.
- (c) Where "move-in" costs requiring immediate cash outlay, such as closing costs, deposits, last month rents, etc., represent a barrier to moving into standard housing (especially housing available under Sections 221 (h), 235, or 237), payments or low-interest loans should be available to relocated families to help in making these programs available to them.
- (d) Although the "replacement housing payment" is a step in the right direction, there is still need to make sure it is successfully administered and to explore other means of assuring adequate compensation for property. For example, where a large family lives in a small house, payment could be made on a "housing service" value, so that a payment would be high enough to pay for whatever housing is necessary to provide the same shelter service under standard conditions.
- (e) When an owner-occupied structure in bad condition must be torn down under provisions of a housing code, some means of compensating the owner so that he can obtain standard housing needs to be developed. Although this raises difficult legal questions, the problem needs to be explored.
- (f) Presently, a person or family being relocated can receive a relocation adjustment payment only if there is no public housing unit available into which he could move. This provision is inequitable and should be removed.

- (g) All reasonable moving costs of both moves in the case of temporary relocations should be made eligible.
- (h) Where property acquired for a public purpose is substantially increased in value by the public actions taken (primarily in the case of redevelopment), some means needed to permit some of the increased value to accrue to the previous owner.
- (i) Some purely discretionary money should be available to relocation agency staff for use in meeting particularly difficult problems as reducing inequities. Use of this money might be limited by requiring approval of a Relocation Board of Appeals.

3. Specific Relocation Service Problems

The following problems pertain to relocation services or assistance, other than payments, and include problems of community participation in relocation planning, policy, and administration and problems of using relocation to improve housing choice. Again, they are not necessarily listed in order of importance.

- (a) Although initial services will probably be provided through the Redevelopment Agency, as soon as possible, relocation services need to be removed from the association with redevelopment and provided on a centralized basis for the entire MNA and City.
- (b) At present there is no body to which someone who feels inequitably treated can appeal for additional or special consideration. A Relocation Board of Appeals, with some authority to authorize payments, is needed.
- (c) Some form of citizen liaison committee for improving communication and understanding between those responsible for relocation administration (including HUD) and those affected by relocation is needed.

- (d) As required under CDA Letter No. 5, greatly increased staff support for provision of related counseling, technical, and social services is needed. All or most of the cost of such services should be included as a part of the total relocation grant or project cost. Greater availability of free social services in the MNA could help here. (See Social Services Chapter.)
- (e) Relocation agency policy must be broadened to include much greater emphasis on the positive use of the relocation agency to achieve wider housing opportunities for those who face discrimination in their choice of housing. The development of a central relocation service, covering a broad jurisdiction and contracting with other communities will aid in meeting their problem.

4. Coordination of Housing and Relocation

The Richmond Housing Program under Model Cities, as described above in Chapter 4, is intended to develop a wide variety of approaches to new and rehabilitated housing and to do so on a flexible basis, with emphasis on many smaller operations and few big, project-type developments. This approach lends itself to meeting the individualized requirements and timing problems of relocation, particularly since in Richmond little large-scale, high-pressure relocation is anticipated.

Richmond has considerable experience in developing housing for low- and moderate-income families and there are a number of present efforts underway which greatly increase the City's ability to "deliver" needed housing. The CDA is already directly involved in coordinating these efforts and is prepared to continue this coordination to assure that housing is geared to relocation needs specifically as well as the general housing needs of MNA residents.

5.2: GOALS AND PROGRAM APPROACHES

A. OVERALL OBJECTIVE

The overall objective is to insure that any individual, family, or non-residential organization or business in the Model Neighborhood Area which is forced to relocate can move to decent, safe and sanitary quarters in a location and at a cost or rent satisfactory to those relocated.'

B. GOALS AND PROGRAM APPROACHES

1. Summary of Goals

Relocation goals are:

To insure that relocation necessary for any Model Cities activity, or other public activity occurring in the Model Neighborhood Area, will cause an absolute minimum of hardship and inconvenience to the individual, family or new residential operation affected;

through relocation assistance and services, to improve the living conditions and expand the housing choice of the residents affected by relocation.

2. Goal No. 1: To Insure That Relocation Necessary for Any Model Cities Activity, or Other Public Activity Occurring in the Model Neighborhood Area, Will Cause an Absolute Minimum of Hardship and Inconvenience to the Individual, Family, or Non-residential Operation Affected.

The following program approaches are proposed:

- (a) obtain legislative and administrative changes that will permit paying "replacement cost" or "housing service value" for property to be acquire.
- (b) increase maximum payments for moving costs to the level necessary to insure that full cost of moving is covered.
- (c) establish payments for "displacement and inconvenience" costs which cover not only possible increases in housing costs but also costs for needed appliances or other items and general inconvenience.

(a) Remove the requirement that a person can receive a relocation adjustment payment only if there is no public housing unit available into which he can move.

- (d) establish a "Relocation Board of Appeals" to review cases where inequities are present or claimed and, if merited, provide for additional payments necessary to eliminate or off-set inequities.
- (e) explore legal possibilities of paying a property owner for the value of improvements which are condemned and demolished under a code enforcement type program.
- (f) establish a "liaison committee" for improving communication between relocation administration and the community.
- (g) improve means of providing needed social services to persons affected by relocation, particularly where relocation aggravates a particular problem.
- (h) provide temporary relocation facilities for families which must move from their home during rehabilitation, or, in extreme situations, families which must move before satisfactory housing for them can be found. Moving costs both to and from a temporary relocation unit should be paid.
- (i) establish a special staff within the Central Relocation Agency to assist businesses and non-residential operations to find suitable new locations and take maximum advantage of available aids, such as the Small Business Administration.

2. Goal No 2: Through Relocation Assistance and Services, to Improve the Living Conditions and Expand the Housing Choice of the Model Neighborhood Area Residents Affected by Relocation.

The following program approaches are recommended:

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- (a) establish a central relocation service for all persons requiring relocation assistance, operating under contract with the various public agencies involved.
- (b) through the above central relocation service, increase the opportunities for Model Neighborhood residents to obtain housing of their choice in the location of their choice without discrimination on the basis of race, color, or ethnic origin, with special provision for making use of the Fair Housing Act of 1968.
- (c) establish house moving arrangements, possibly through the Richmond Housing Development Corporation and the central relocation service for moving good housing acquired by any public or private agency in the general Richmond area.
- (d) work closely with the Model Cities Housing Committee and housing program proposals to assure that new or rehabilitated housing is specifically geared to meet relocation needs as they arise.
- (e) explore means of diverting some of increased property value created by public improvements to persons whose properties were acquired.

5.3: STRATEGIES AND PRIORITIES

A. RELOCATION STRATEGIES

- 1) Coordinate and centralize relocation services for all areas in the Model Neighborhood Area.
- 2) At the same time, make relocation services responsive to and the needs of those who face relocation and sensitive to the attitudes of the community generally.
- 3) Continue to explore means of making relocation payments a positive approach to helping people get better housing.
- 4) Use relocation services as a positive tool for increasing the housing opportunities for low-income and minority group persons.

B. RELOCATION PRIORITIES

Relocation priorities are as follows:

First Year:

- 1) Request legislative and administrative changes necessary for improve relocation service and payments, including increases in moving costs, re-adjustment payments, and displacement costs.
- 2) Organize a central relocation service to serve all relocation needs within the Model Neighborhood Area and City of Richmond and, if mutually agreed upon, other communities in the West Contra Costa County area.
- 3) Establish a "Relocation Board of Appeals" so that persons who feel that relocation services and/or payments have been inadequate can appeal situation.
- 4) Expand social service available to individuals and families facing relocation (Cost of such additional services should be all or substantially

paid by the Federal government as a part of the overall relocation grant).

- 5) Begin development of new housing sources for relocation.
- 6) Construct or otherwise provide for facilities for temporary relocation.
- 7) Establish administrative framework for the house moving program.

Second Through Fifth Year

- 1) Expand range of services and payments as necessary to meet relocation needs uncovered during execution of Model Cities Program or not previously provided for.
- 2) Continue development of needed new housing resources for relocation.
- 3) Provide for continual review of administration of relocation program through community liaison committee and various public and private agencies involved in relocation.

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- 1) Expand range of services and payments as necessary to meet relocation needs uncovered during execution of Model Cities Program or not previously provided for.
- 2) Continue development of needed new housing resources for relocation.
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 the Students

6-2-1

2. To Make the Curriculum More Pertinent to the Lives
 of the Students and to the Problems of Today

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3. To Change Teaching Methods and Procedures in Order
 to Improve Performance of the Students

6-2-4

4. To Improve the Conditions Needed for the Student's
 Physical and Emotional Health, Welfare and Comfort

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5. To Change School-Community Relationship by Expanding
 Students and Faculty Out into the Community so that
 organized education will become more pertinent and
 school-type learning more valuable

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SECTION 6.1: EXISTING CONDITIONS

A. INTRODUCTION: THE IMPORTANCE OF EDUCATION

The educational level of the residents in the Model Neighborhood Area is seen both by residents and by non-residents as a major obstacle to the improvement of economic conditions and to achievement of a better life for the residents. There are, however, significant differences between how the residents of the Model Neighborhood Area see the problems and how some others see it.

Many educators, employers, employment agencies, etc., are apt to say these children are almost unteachable but we should saturate them with "more of the same" and see if that might work. The residents and especially the parents are saying, "We don't need more of the same." Of course, we would like the best facilities and personnel, not only the cast-off buildings and novice teachers, but most important, we need something different. We need the means to help our children prove to themselves that there is something interesting and useful to be learned, some purpose in learning, and ways to instill in them confidence in their own ability.

Furthermore, we need to help the adults remedy their educational deficiencies not only so they may help their children but because, for young and old, education in the broadest sense is a necessary base for a rich, full experience in life.

B. EDUCATIONAL SERVICES RELATING TO THE MODEL NEIGHBORHOOD AREA

1. The Providers of Educational Services

The major providers of educational service to the Model Neighborhood Area are the Richmond Unified School District and Contra Costa Junior College.

At the pre-school level, the Richmond Child Development Group Incorporated, an OEO-supported organization which operates 3 cooperative nursery schools in low-income areas, provides early childhood education services in addition to those provided through the Richmond Unified School District.

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There are no private or parochial schools located in the Model Neighborhood Area. St. Cornelius, located at 28th Street and MacDonald Avenue, serves a number of children from this area as well as the rest of Central Richmond. Its total enrollment is 356, of which only a small percentage is from the Model Neighborhood Area. A number of students from the Model Neighborhood Area go to Catholic high schools and a few go to private schools in other nearby towns and cities. The Lutheran School also has a few children from the Model Neighborhood Area.

There are no other private schools which serve a significant number of elementary or secondary children.

At the adult level, the California Higher Education System encompasses state colleges and universities as well as junior colleges.

While several state and private colleges are within commuting distance, none are near enough to have any particular impact on the Model Neighborhood Area.

On the other hand, the University of California at Berkeley, while it probably draws no large share of students from the Model Neighborhood Area, sends a great many undergraduate and graduate students into Richmond on a variety of field studies and assignments. Its proximity has an effect. The University of California at Berkeley has undertaken a number of special extension training courses in connection with New Careers and with educational studies and is a special resource for a variety of adult education classes through its extension service. The former Special Opportunity Scholarship Program, started in 1964 and changed to Upward Bound in 1966, has a number of students from the Model Neighborhood Area attending. It was organized to help students with academic potential but no financial means to get into the University.

(a) General Description of the Richmond Unified School District and its Scope of Services

The Richmond Unified School District serves a population of about 170,000 in the Cities of Richmond, San Pablo, El Cerrito, and Pinole and adjoining unincorporated areas. The school district's responsibilities include elementary and secondary education, pre-school education, adult education, a continuation school for high school drop-outs, and some vocational education at the secondary level. Thus, it includes the services typical of the

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Unified School Districts in California. The Richmond district was unified relatively recently (November 1964) and has not completely adjusted to the problems of absorbing and consolidating several districts. Prior to unification, the schools within the City were in one elementary district but the County residents of North Richmond were in the San Pablo School District. The high school district served all the areas now in the Richmond Unified School District.

The problem of spending money in outlying suburban areas, especially the Pinole area, is a direct result of unification. To what extent unification is related to the extreme stresses and strains within the School District today is difficult to determine. However, several factors are worth noting:

- 1) Some families who left Richmond to escape the central city problems find themselves still within the Richmond Unified School District and undoubtedly are part of the vocal anti-integration group in the school.
- 2) Many families in and around the Model Neighborhood Area are resentful of the fact that families living in communities new to the school district are draining the resources of the school district and siphoning off the tax dollars which might have been used in the older parts of town. To this extent, the poor are subsidizing the more affluent. And because of this, state and federal aid (Title I) especially designated for the underprivileged only balances the drain on the settled parts of town and does not significantly increase expenditures to improve education, although this is its stated purpose.
- 3) The tax rate in the Richmond Unified School District has been traditionally extremely low. The effect of the low tax rate was intensified when the industrial tax base was made to stretch over the whole Unified School District and not just the City of Richmond.

(b) Contra Costa Junior College

The Contra Costa Junior College provides a variety of services to high school graduates and those over 18 who have not graduated from high school. It provides 2 years of academic work equivalent to the first 2 years of college. Many of those enrolled in the Junior College go on to other schools to complete 4-year college degrees. Others obtain 2-year AA degrees in academic subjects.

In addition, the College provides a wide variety of vocational and technical courses as a part of its standard curriculum. Finally, it also provides special courses in cooperation with the California State Employment Service and other programs for employment training connected with Manpower Development Training Act, New Careers and other specific manpower programs. The California Junior College System is arranged so that if a course available at Merritt College (in Oakland), for instance, is not available at Contra Costa Junior College, the student is eligible to go to Merritt at no extra cost. Contra Costa Junior College serves the Richmond area and all outlying areas in West Contra Costa County. There are 3,170 students enrolled full-time in academic courses and 2,150 in Vocational Studies. It is located about 6-7 miles from the center of the Model Neighborhood Area. It is slow to get there by bus because buses only run once an hour, but it is only a 15-minute ride by car.

Extension courses in other locations can be arranged through the College.

2. Early Childhood Education

Early childhood education is provided by the Richmond Unified School District through their pre-school classes and through the education programs at the School District-operated Child Care Centers, and by the Richmond Child Development Group at three nursery schools.

(a) Pre-School Programs at Verde, Peres, Lincoln, Nystrom, Coronado and Cortez

The Richmond School District began working in the area of pre-school education in the summer of

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1965 with its first Head Start Program of nine weeks' duration.

Since that time, there has been a full year pre-school program running from September until June every year. The programs consist of language development, development of readiness in art, music, math and science. Color concepts are taught and explored. Body image is emphasized. Excursions are planned to various areas of the City and surrounding cities. A lunch and a snack are served to the children daily. Every effort is made to arrange the experiences for the children to result in positive experiences for them in kindergarten. All children in the programs conducted by the Richmond Unified School District are eligible by age to enter kindergarten at the end of their pre-school experience.

An integral part of the overall program is parent participation. All aides to the classroom teachers and aides to the nurse are parents of the children. Parents also function extremely well as volunteers for field trips or other special projects. In addition, there is contact through parent-teacher conferences (three-times-yearly), parent-teacher meetings once monthly on the school sites, the Parents' Advisory Council, dinners, etc.

The pre-school enrollment at Model Neighborhood Area schools for Spring 1968 were as follows:

Verde (2 classes)	29 children
Lincoln (2 classes)	31 children
Nystrom (4 classes)	58 children
Peres (4 classes)	55 children
Coronado (1 class)	16 children
Cortez (1 class)	16 children

Total Model Neighborhood Area Enrollment: 205 children

This program is State funded under AB 1331.

The total pre-school program enrollment is 337;
Model Neighborhood Area enrollment is 65% of
this total.

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The pre-school enrollment at Model Neighborhood Area schools for Spring 1965 were as follows:

Verde (2 classes)	29 children
Lincoln (2 classes)	31 children
Kyleston (4 classes)	52 children
Perez (4 classes)	55 children
Coronado (1 class)	18 children
Cortez (1 class)	16 children

Total Model Neighborhood Area Enrollment: 201 children

This program is state funded under AB 1331.

The total pre-school program enrollment is 337; Model Neighborhood Area enrollment is 201 of this total.

(b) Child Care Centers

There are two child care centers operated by the Richmond Unified School District in the Model Neighborhood Area, one at Peres School and one at Nystrom School. Peres has a pre-school enrollment of 45, all from the Model Neighborhood Area; the Maritime Child Care Center at Nystrom has 60 children, also all from the Model Neighborhood. (In addition, Model Neighborhood children represent about 1/3 of the 100 enrolled in a pre-school program of a third child care center at Pullman, just outside the Model Neighborhood boundaries.

(c) Child Development Group

The Child Development Group, Inc., supported by an OEO grant, operates three nursery schools within the Model Neighborhood: Tic Toc, Easter Hill, Jolly Tots. The total enrollment of 98 is all from the Model Neighbor Area.

3. Elementary and Secondary Schools Serving the Model Neighborhood Area

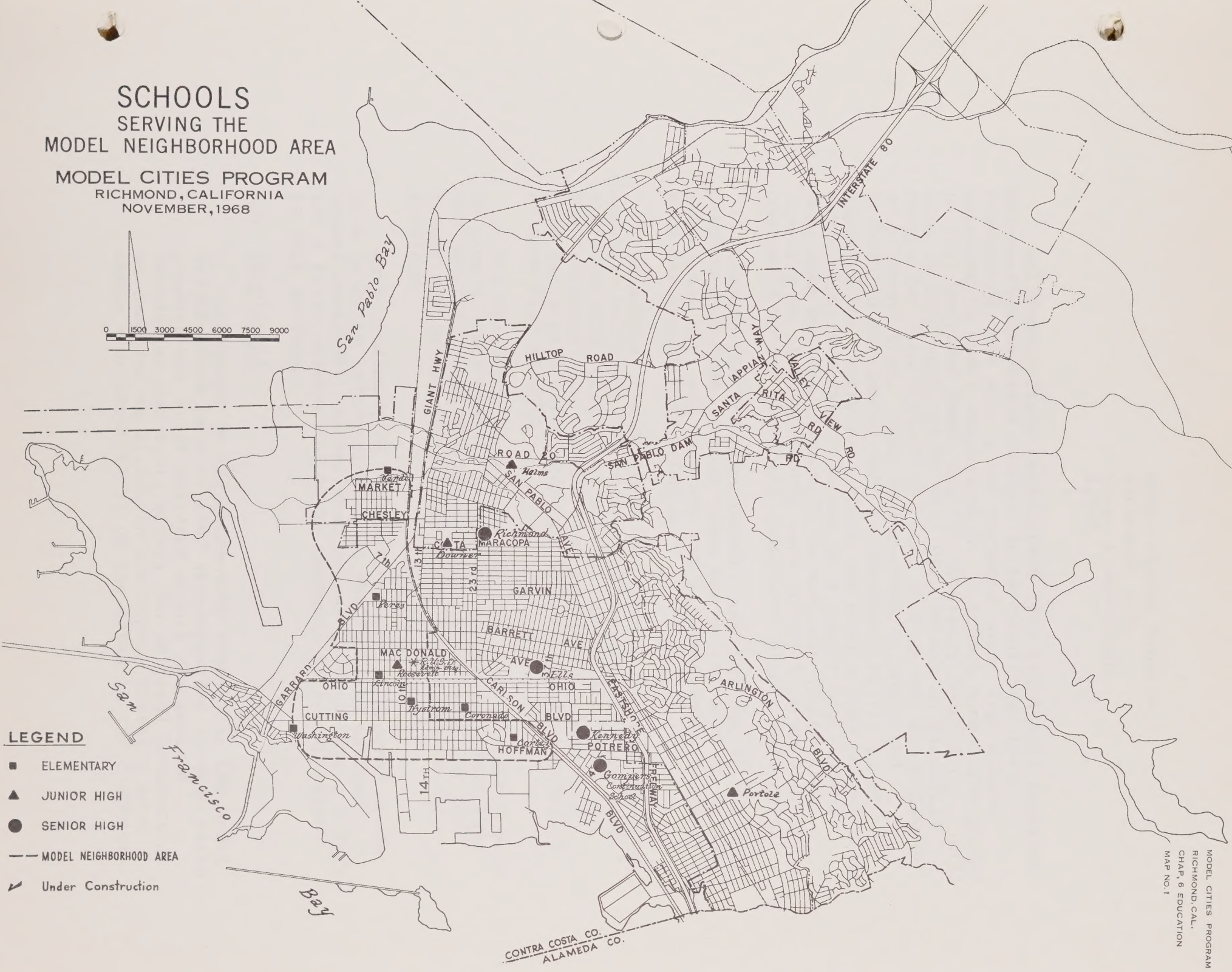
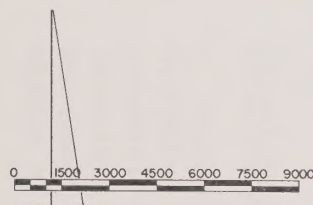
Except for a relatively insignificant enrollment in parochial schools, children of elementary and secondary school age attend the schools of the Richmond Unified School District. There are 48 elementary schools in the District, of which 7 concern us. Five of these 7 are in the present Model Neighborhood Area; one was within the original boundary but excluded from the revised area by HUD requirements, and 1 lies just outside the area but has a large number of pupils from the Model Neighborhood Area.

There are 7 junior high schools of which 3, one in the Model Neighborhood Area and 2 outside, serve the Model Neighborhood Area pupils.

There are 7 high schools of which 2 serve the Model Neighborhood Area students. (See Map 6-1 showing schools serving the area.)

SCHOOLS SERVING THE MODEL NEIGHBORHOOD AREA

MODEL CITIES PROGRAM RICHMOND, CALIFORNIA NOVEMBER, 1968



LEGEND

- ELEMENTARY
- ▲ JUNIOR HIGH
- SENIOR HIGH
- MODEL NEIGHBORHOOD AREA
- ✓ Under Construction

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California State Legislation (the Field Act) required non-earthquake-proof schools to be rebuilt by 1968. Because of this act, a new Richmond Union High School building is under construction. A school bond issue passed in 1967 provided funds for the necessary rebuilding. Until this is completed, Harry Ells High School on MacDonald Avenue (at 34th Street) is being used as the South Campus of Richmond High. When construction is completed (scheduled completion date is September 1971), it is expected that Harry Ells which has been a high school since about 1955, can revert to use as a junior high school. When this happens there will be adequate junior high capacity to close Roosevelt as a junior high school, a course of action generally considered highly desirable.

Gompers Continuation School, near but not in the Model Neighborhood Area, serves those who do not wish to attend school all day, and many who had been suspended or expelled from the regular high schools.

Vocational education is not carried on at present in separate buildings but vocational courses are a part of the curriculum offered at all the senior high schools. The "Richmond plan for pre-tech education," described more fully in a later section, is part of the curriculum at some high schools.

The following paragraphs and tables are intended only to give a quick overall picture of enrollment, staffing, and physical plant characteristics, especially for the reader who is not familiar with the dimensions of the problems.

Many studies have been made or are in process which give detailed information about the Richmond Unified School District. Rather than repeat these studies, a list and a brief abstract of their contents is incorporated in this section.

(a) Enrollment

B. Enrollment in the elementary schools in the Model Neighborhood Area in 1967 (kindergarten through sixth grades) was 3,729 children within the revised boundaries and 5,015 within the original boundaries, as compared to 25,383 in the School District as a whole - or about 19.7% of the total in the district.

California State Legislation (the Field Act) required non-sectarian schools to be rebuilt by 1968. Because of this act, a new Richmond Union High School building is under construction. A school board issue passed in 1967 provided funds for the necessary rebuilding. Until this is completed, Harry Ellis High School on Macdonald Avenue (at 34th Street) is being used as the South Campus of Richmond High. When construction is completed (scheduled completion date is September 1971), it is expected that Harry Ellis which has been a high school since about 1955, can revert to use as a junior high school. When this happens there will be adequate junior high capacity to close Roosevelt as a junior high school, a course of action generally considered highly desirable.

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Enrollment for 1967 by race and ethnic origin is shown in Table 6-1 and by grade distribution in Table 6-2.

Because of the changes contemplated in the junior and senior high school service areas and the probable abandonment of Roosevelt as a junior high school in September 1969, it does not appear useful to provide detailed information on these schools. The Model Cities staff and Board is keeping in close touch with the Long Range Planning Study being carried out by the School Department.

(b) Staffing

Several kinds of staffing characteristics are of potential concern:

- racial composition of the staff
- specialized professional personnel
- experience of the staff
- use of teachers aides, school community workers, and others with special community input to be made.
- comparative rating of the School District in terms of salaries, turnover, attraction of new personnel, and per capita expenditures per child.

- (1) Racial Composition of the Staff: Table 6-3 shows the racial breakdown of Teachers in the Model Neighborhood Area schools in 1967-1968. Table 6-4 shows the racial breakdown of teaching and non-teaching staff for the District as a whole.
- (2) Specialized Professional Personnel: Specialists of various kinds are available to the schools, but not always on a full-time basis. The same kinds of specialists may not always be available to each school in the Model Neighborhood Area because there are several kinds of special programs going on. Areas of special expertise include:

- remedial reading
- "resource" teaching
- guidance
- librarians
- nurses

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remedial reading
resource teaching
guidance
libraries
nurses

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TABLE 6-1: 1967 RACIAL AND ETHNIC DISTRIBUTION OF ENROLLMENT
AT ELEMENTARY SCHOOLS WITHIN THE MODEL NEIGHBORHOOD AREA

School	Negro		Mex. Am.		Am. Indians		Caucasian Other		Total	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
Cortez	412	74.3	16	3.0	0	0.0	126	22.7	554	100
Lincoln	268	46.5	135	23.5	6	1.0	167	29.0	576	100
Nystrom	789	95.3	12	1.4	1	1.0	26	3.5	828	100
Peres	1,088	92.5	80	6.8	1	1.0	7	0.6	1,176	100
Verde	580	97.5	15	2.5	0	0.0	0	0.0	595	100
*Total	3,137	84.2	258	6.9	8	0.2	326	8.7	3,729	100
Coronado	796	97.5	12	1.6	0	0.0	8	0.9	816	100
Washing- ton	159	34.0	8	1.9	5	0.1	298	64.0	470	100
**Total	4,092	81.6	278	5.6	13	0.3	632	12.5	5,015	100
***RUSD Total	6,277	24.7	1,382	5.5	49	0.2	17,605	69.6	25,383	100
Present Boundry	3,137	50.0	258	18.7	8	16.3	326	1.8	3,729	14.7
Original Boundry	4,092	65.2	278	20.1	13	26.5	632	3.5	5,015	19.8

SOURCE: Richmond Unified School District Racial and Ethnic
Distribution of Enrollment 1967 - Compiled by Model
Cities Staff July 29, 1968

*Present Boundaries

**Present Original Boundaries

***Richmond Unified School District

TABLE 6-2: 1967 DISTRIBUTION OF ENROLLMENT BY GRADE AT ELEMENTARY SCHOOLS WITHIN
 THE MODEL NEIGHBORHOOD AREA*

Grades	Schools in Present Boundaries					Totals:	In Original Boundaries		
	Cortez	Lincoln	Nystrom	Peres	Verde	In Present Boundaries	Coronado	Wash- ing- ton	Total
Kinder- garten	97	94	113	163	80	547	121	69	737
First	84	94	123	182	85	568	145	68	781
Second	79	103	124	186	94	586	130	73	789
Third	93	81	118	162	93	547	113	64	724
Fourth	84	67	109	176	81	517	93	70	680
Fifth	74	63	104	154	82	477	111	63	651
Sixth	43	74	84	153	80	434	102	63	599
Special			53			53	1		54
TOTALS	554	576	828	1176	595	3729	816	470	5015

*Does not include children who go to schools outside the area: Woods and Belding

SOURCE: Compiled from Richmond Unified School District, Racial and Ethnic Distribution of Enrollment 1967. Model Cities Staff - July 29, 1968.

SOURCE: Enrollment 1967. Model Cities Report - July 26, 1968.
 does not include children who go to schools outside the area: Woods and Belvidere

TOTALS	224	278	828	1176	222	3752	876	470	2072
Special			23			23	1		24
Sixth	42	74	81	722	80	434	102	63	229
Fifth	74	63	164	724	82	477	117	63	621
Fourth	84	67	100	176	81	217	92	70	600
Third	93	81	118	162	92	247	112	64	724
Second	72	102	124	180	94	280	130	77	782
First	64	94	123	192	82	268	142	66	781
Kindergarten	27	94	112	162	80	247	121	69	727

Grades	Cortez	Alacran	Wastrom	Leves	Verde	Foundaries Present in	Coronado	Wash-	Ind-Total
	Schoos in Present Foundaries					TOTALS: In Original Boundaries			

THE MODEL NEIGHBORHOOD AREA*

TABLE 6-5: 1967 DISTRIBUTION OF ENROLLMENT BY GRADE AND ELEMENTARY SCHOOLS WITHIN

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TABLE 6-3: RACIAL AND ETHNIC DISTRIBUTION OF TEACHERS
 IN ELEMENTARY SCHOOLS WITHIN THE MODEL NEIGHBORHOOD AREA, 1967-68

School	Negro		Mex. Am.		Am. Indians		Oriental		Caucasian & Other		Total	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
Cortez	2	9%					2	9%	18	82%	22	100
Lincoln	7	35%							13	65%	20	100
Nystrom	10	27%			1	3%	2	5%	24	65%	37	100
Peres	17	40.5%					2	5%	23	54.5%	42	100
Verde	8	30.8%	1	3.8%			1	3.8%	16	61.6%	26	100
*Total	44	30%	1	.7%	1	.7%	7	4.6%	94	64%	147	100
Coronado	9	29.1%					1	3.2%	21	67.7%	31	100
Washington	3	20.0%							12	80%	15	100
**Total	56	29%	1	.5%	1	.5%	8	4%	127	66%	193	100

*Present Boundaries

** Present & Original Boundaries

SOURCE: California State Department of Education, Bureau of Intergroup Relations: Racial and Ethnic Distribution of Employees, Richmond Unified School District, October 31, 1967.

SOURCE: California State Department of Education, Bureau of Interagency Relations, October 31, 1967.

** Present & Original Boundaries

	No. Tot.		Mex. Am.		Am. Indians		Oriental		Caucasian & Other		Total	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No. Tot.	
*Total	26	299	1	.29	1	.29	8	49	123	669	793	100
Washington	3	20.09							13	809	12	100
Coronado	9	30.19					1	3.29	51	67.79	31	100
*Total	44	309	1	.79	1	.79	7	4.69	94	649	147	100
Verde	8	30.89	1	3.89			1	3.89	16	61.69	26	100
Wares	17	40.29					2	29	23	24.29	42	100
Wynnton	10	279			1	39	2	29	29	629	37	100
Lincoln	7	329							13	629	30	100
Corbes	2	29					2	99	18	829	22	100

TABLE 6-3: RACIAL AND ETHNIC DISTRIBUTION OF TEACHERS IN ELEMENTARY SCHOOLS WITHIN THE MODEL NEIGHBORHOOD AREA, 1967-68

Table 6-3

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TABLE 6-4: RACIAL BREAKDOWN OF TEACHING AND NON-TEACHING
 STAFF IN ELEMENTARY SCHOOLS WITHIN THE MODEL NEIGHBORHOOD AREA, 1967-68

School	Negro		Mex. Am.		Am. Indians		Oriental		Caucasian & Other		Total	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
Cortez	5	18%					2	7%	21	75%	28	100
Lincoln	8	32%							17	68%	25	100
Nystrom	16	32%	2	4%	1	2%	2	4%	29	58%	50	100
Peres	21	38%	1	2%			2	4%	31	56%	55	100
Verde	12	36%	1	3%			1	3%	19	58%	33	100
*Total	62	32%	4	2%	1	.5%	7	3.5%	117	61%	191	100
Coronado	12	30%					1	2.5%	27	67.5%	40	100
Washington	4	21%							15	79%	19	100
**Total	78	31.2%	4	1.6%	1	.4%	8	3.2%	159	63.6%	250	100

*Present Boundaries

**Present & Original Boundaries

SOURCE: California State Department of Education, Bureau of Intergroup Relations:
Racial and Ethnic Distribution of Employees,
 Richmond Unified School District, October 31, 1967.

Richmond Unified School District, October 31, 1967. Racial and Ethnic Distribution of Employees

SOURCE: California State Department of Education, Bureau of Inter-group Relations.

**Present & Original Boundaries
 *Present Boundaries

	Negro		Mex. Am.		Am. Indians		Oriental		Caucasian & Other		Total	
	No.	Per.	No.	Per.	No.	Per.	No.	Per.	No.	Per.	No.	Per.
**Total	18	31.5%	4	1.8%	1	.4%	8	3.5%	150	63.8%	220	100
Washington	4	51%							12	39%	19	100
Cotnamado	12	30%					1	5.5%	57	67.5%	40	100
*Total	63	35%	4	5%	1	.5%	7	3.5%	117	61%	191	100
Average	15	30%	1	3%			1	3%	19	28%	33	100
Peres	51	38%	1	5%			5	4%	31	26%	59	100
Wastrom	19	35%			1	5%	5	4%	50	28%	20	100
Lincoln	8	35%							17	68%	25	100
Cortez	2	18%					5	1%	51	75%	58	100

STAFF IN ELEMENTARY SCHOOLS WITHIN THE MODEL NEIGHBORHOOD AREA, 1967-68
 TABLE 6-4

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art teachers
music teachers
speech therapists
psychologists
learning analyst
math specialist

Staffing of specialized personnel is related to class size. Through Title I funds, the teacher/pupil ratio has been kept relatively low in the Model Neighborhood Area schools:

<u>SCHOOL</u>	<u>Avg. Class Size</u>	<u>Pupil/Teacher Ratio</u>
Coronado	26.6	25.4/1
Cortez	26.5	23.7/1
Lincoln	25.8	25.5/1
Nystrom	22.4	19.9/1
Peres	26.1	23.7/1
Verde	22.0	21.6/1

- (3) Experience of the Staff: Because of the Problems of teaching in ghetto schools, the teachers on the whole in the Model Neighborhood Area schools are younger and less experienced. This is not to say that devoted and competent teachers do not remain in these schools, nor that all experienced teachers are better than new teachers. In fact it is the feeling in the community that young teachers are often more concerned than older ones with the problem of an area such as the Model Neighborhood Area. Nevertheless, the efficiency of the teaching staff is affected by the high rate of turnover in the Model Neighborhood Area.
- (4) Use of Teacher Aides, School Community Workers, and others with Special Community Input to be made: In the Model Neighborhood Area school schools, School Community Workers in 1965, and Teachers Aides in 1967, have been an important addition to the staff since they were introduced. There are 10 School Community Workers and 26 Teachers Aides presently working in the Richmond Unified School District, of

art teachers
 music teachers
 speech therapists
 psychologists
 learning analysts
 math specialists

Staffing of specialized personnel is related to class size. Through Title I funds, the teacher/pupil ratio has been kept relatively low in the Model Neighborhood Area schools.

School	Avg. Class Size	Pupil/Teacher Ratio
Coronado	28.6	25.4/1
Carter	28.2	23.7/1
Lincoln	25.8	25.2/1
Hyatt	23.4	19.9/1
Watts	20.1	23.7/1
Vernon	22.0	21.6/1

(3) Experience of the Staff: Because of the problems of teaching in ghetto schools, the teachers on the whole in the Model Neighborhood Area schools are younger and less experienced. This is not to say that they are not competent teachers. In these schools, not that all experienced teachers are better than new teachers. In fact it is the feeling in the community that young teachers are often more concerned than older ones with the problem of an area such as the Model Neighborhood Area. Nevertheless, the efficiency of the teaching staff is affected by the high rate of turnover in the Model Neighborhood Area.

(4) Use of Teacher Aides, School Community Workers, and others with Special Community Responsibility: In the Model Neighborhood Area schools, School Community Workers in 1965 and Teachers Aides in 1967, have been an important addition to the staff since they were introduced. There are 10 School Community Workers and 25 Teachers Aides presently working in the Richmond United School District, of

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which all 10 School Community Workers and 18 of the Teachers Aides are in the Model Neighborhood elementary schools. Most of these are Black, although at least one School Community Worker is Mexican-American.

- (5) Comparative rating of the School District in terms of salaries, turnover, attraction of new personnel, and per capita expenditures per child.

C. FACILITIES

Physical plant in the Model Neighborhood Area is older than in the school district as a whole, but not by a great deal. The average age of original school plants as of 1968 is as follows:

District-wide:	15.4 years
Not in the MNA:	14.9 years
In the MNA:	18.3 years
In the MNA excluding Coronado:	19.2 years

(See Table 6-5: Age of Elementary School Plants in the Richmond Unified School District.) Only a few buildings in the Richmond Unified School District are 25 or more years old. The most serious problem is not the actual age of the buildings but the fact that all new buildings go into outlying areas unless a conscious and vigorous effort is made to maintain a balance between new construction and rebuilding. This adds to the feeling of being discriminated against by residents and detracts from the older parts of town as desirable places to move.

Of much more concern than the age of the buildings is the fact that the schools in the Model Neighborhood Area depend heavily upon the use of portables for additional classrooms. While portables provide an ingenious emergency solution they should not become permanent features. Use of portable classrooms in grades 1-6 in the Model Neighborhood and throughout the School District can be summarized as follows:

which all 10 School Community Workers and 12 of the Teachers Aides are in the Model Neighborhood elementary schools. Most of these are Black, although at least one School Community Worker is Mexican-American.

(2) Comparative rating of the School District in terms of salaries, turnover, attrition of new personnel, and per capita expenditures per child.

C. FACILITIES

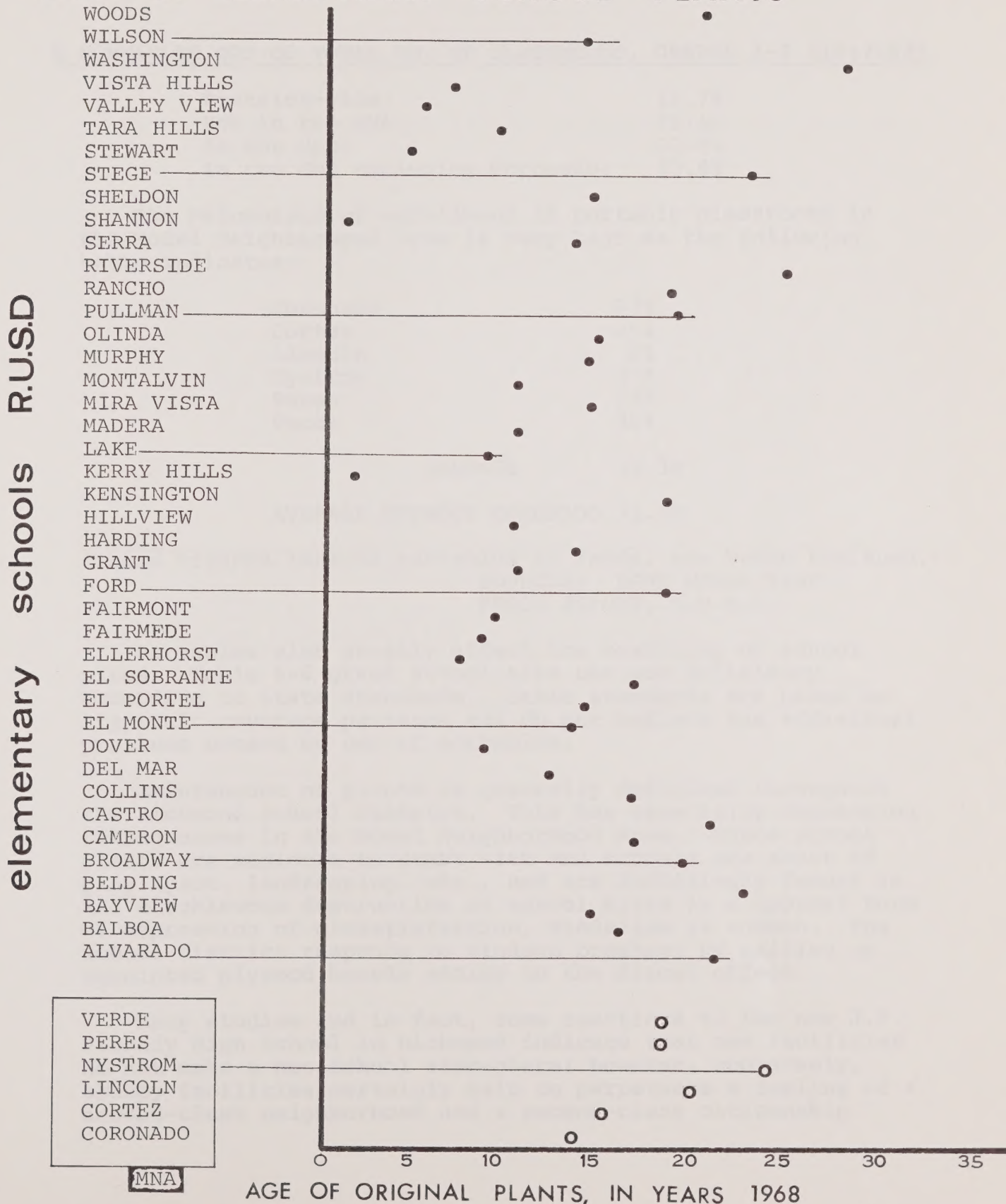
Physical plant in the Model Neighborhood Area is older than in the school district as a whole, but not by a great deal. The average age of original school plants as of 1968 is as follows:

District-wide:	18.4 years
Not in the MNA:	14.9 years
In the MNA:	18.3 years
In the MNA excluding Coronado:	19.2 years

(See Table 6-2: Age of Elementary School Plants in the Richmond Unified School District.) Only a few buildings in the Richmond Unified School District are 25 or more years old. The most serious problem is not the actual age of the buildings but the fact that all new buildings go into outlying areas unless a conscious and vigorous effort is made to maintain a balance between new construction and rebuilding. This adds to the feeling of being discriminated against by residents and detracts from the older parts of town as desirable places to move.

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AGE OF ELEMENTARY SCHOOL PLANTS



SOURCE: Long Range Task Force
 Report R.U.S.D.

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% PORTABLES OUT OF TOTAL NO. OF CLASSROOMS, GRADES 1-6 (1967-68)

District-wide:	19.7%
Not in the MNA:	19.1%
In the MNA:	22.4%
In the MNA excluding Coronado:	20.6%

The Percentage of enrollment in portable classrooms in the Model Neighborhood Area is very high as the following table indicates:

Coronado	37%
Cortez	45%
Lincoln	6%
Nystrom	42%
Peres	24%
Verde	40%
AVERAGE	32.3%

AVERAGE WITHOUT CORONADO 31.4%

(These figures include portables at Verde, now being replaced.)

SOURCES: LONG RANGE TASK
FORCE REPORT, R.U.S.D.

Portables also greatly affect the usability of school sites. Table 6-6 gives school site use and deficiency according to state standards. State standards are based on "typical" coverage patterns and do not reflect the additional problems caused by use of portables.

Maintenance of plants is generally deficient throughout the Richmond School District. This has especially depressing consequences in the Model Neighborhood Area. Since school plants are mediocre to start with and schools are short of play space, landscaping, etc., and are forbiddingly fenced in, and mischievous destruction at school sites is a typical form of expression of dissatisfaction, vandalism is common. The school district responds to window breakage by nailing up unpainted plywood boards adding to the dismal effect.

Many studies and in fact, some reactions to the new J.F. Kennedy High School in Richmond indicate that new facilities do not make a new school atmosphere; however, conversely, shabby facilities certainly help to perpetuate a feeling of a second-class neighborhood and a second-class citizenship

5 PORTABLES OUT OF TOTAL NO. OF CLASSROOMS, GRADES 1-6 (1967-68)

19.7%	District-wide
19.1%	Not in the MHA
22.4%	In the MHA
20.6%	In the MHA including Coronado

The percentage of enrollment in portable classrooms in the Model Neighborhood Area is very high as the following table indicates:

37%	Coronado
45%	Cortez
6%	Lincoln
42%	Hysteria
34%	Perez
40%	Verde
32.3%	AVERAGE
31.4%	AVERAGE WITHOUT CORONADO

(These figures include portables at Verde, now being replaced.)
SOURCES: LONG RANGE TASK
FORCE REPORT, R.U.S.D.

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Many studies and in fact, some reactions to the new L.F. Kennedy High School in Richmond indicate that new facilities do not make a new school atmosphere; however, conversely, shabby facilities certainly help to perpetuate a feeling of a second-class neighborhood and a second-class citizenship.

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TABLE 6-6: *MNA ELEMENTARY SCHOOL SITE SIZE AND DEFICIENCIES
 IN USABLE ACRES, 1967

SCHOOL	PRESENT SITE SIZE	STATE RECOMMENDED	DIFFERENCE
Coronado	2.9	10.2	-7.3
Cortez	3.4	7.5	-4.1
Lincoln	2.7	7.2	-4.5
Nystrom	3.6	12.4	-8.8
Peres	7.0	11.1	-4.1
Verde	8.0	8.2	- .2

These school sites are overcrowded according to the State of California recommendation of the site size.

SOURCE: Long Range Task Force
 Report. Richmond Unified School
 District

* Model Neighborhood Area

TABLE 6-5: *MINI ELEMENTARY SCHOOL SITE SIZE AND DEFICIENCIES
 IN UNABLE AREAS, 1967

SCHOOL	PARENT SITE SIZE	STATE RECOMMENDED	DIFFERENCE
Conanado	2.9	10.2	-7.3
Cortez	3.4	7.2	-4.1
Lincoln	2.7	7.2	-4.5
Nystrom	2.6	10.4	-8.8
Perez	7.0	11.1	-4.1
Verde	8.0	8.2	-.2

These school sites are overcrowded according to the State
 of California recommendation of the site size.

SOURCE: Long Range Task Force
 Report, Richmond Unified School
 District

* Model Neighborhood Area

4. Vocational and Technical Education

Vocational and Technical Education is concerned with the provision of educational programs and facilities for those young people who will be in the labor market within the next 10 years or so and who will not pursue a four-year academic college education.

Very few jobs now exist that do not require some specific training or skills prior to starting work. At the same time there are and will continue to be substantial numbers of jobs in technical service fields that do not require advanced college degrees. Furthermore, the basis for technical courses may be established in the high school years.

While manpower studies should guide choice of vocational and technical training programs, curriculum should be broad - for instance, Data Processing rather than Key-punch Operating. Thus, training can be adequate for a variety of jobs, not just for one small skill that might be soon outdated.

The Concentrated Employment Program (CEP) will be tackling: (1) immediate training programs, (2) pre-vocational orientation and evaluation programs, (3) the problem of maintenance allowances during the training period.

Long-range improvement in the technical training programs and in making these services available to the young people of the Model Neighborhood Area before school dropouts, unemployment, etc., occurs is an education task.

Existing technical education programs in Richmond were reviewed. The main suppliers of technical vocational education are:

- (1) Contra Costa Junior College which has a variety of technical and vocational programs as well as MDTA-supported classes and classes connected with standard apprenticeship programs, and
- (2) the Richmond Unified School District which has several kinds of courses:

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- (a) Its experimental pre-tech facilities which try to provide an educational program combining basic and technical skills for certain non-academically minded students;
- (b) The standard vocational courses in various fields including clerical skills and data processing;
- (c) Some shop courses that appear to provide insufficient skills to be considered legitimate vocational courses but may be introductory or supplementary.

Discussion of existing programs has highlighted a couple of problems. Parents, teachers, students and counselors have no clear-cut understanding of what training courses are available, what are the course prerequisites, and what the nature of the labor market is, etc.

Another problem noted was that students who do not exhibit high academic skills are still being "tracked" to non-academic courses which do not provide a basis for either academic or technical job training. Furthermore, the academically skilled are not given time in their pre-college course to experiment with non-academic courses. This adds to the boredom for both groups of students.

The Richmond Unified School District Courses are not well keyed to Contra College Junior College courses. In addition, in some cases, expensive equipment of the two schools could better be shared than duplicated.

To improve counseling services to young people and especially to let the high school drop-outs know they are wanted at Contra Costa Junior College, a mobile counseling unit has been developed for the Junior College and is rolling.

A special study of enrollment of Model Neighborhood Area students in the technical courses at Contra Costa Junior College was made in June 1968. The results of this study appeared to indicate that, in general, Model Neighborhood students were enrolled in the Junior College in proportion to the number of people in the Model Neighborhood Area, but that there was low representation in certain kinds of technical courses where job opportunities exist.

- (a) its experimental pre-tech facilities which try to provide an educational program combining basic and technical skills for certain non-academically minded students;
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The Model Neighborhood Area accounts for 7.79% of the students registered in vocational-technical major. Richmond Planning Area accounts for 30.3% of the registered in vocational-technical majors in the college.

According to this data, the Model Neighborhood Area provides a relatively high percentage (greater than 15%) of the majors in the fields of: Electrical Tech, Industrial Tech, Construction Tech, Medical Lab Tech, Vocational Nursing, Clerical, Education, Applied and Graphic Arts, Homemaking, and Machinist. The Model Neighborhood Area provides a relatively low percentage (less than 5%) of the majors in the fields of: Chemical Tech, Civil Tech, Metallurgy and Materials, Engineering Tech, Kaiser Nursing, Scientific Data Processing, Sales and Merchandising, Supervision and Management, Other Business and Commerce, Journalism, Police Tech, Other Public Service, and Plumbing.

5. Adult Education

Partly as a result of its participation in the Greenleigh Field Test, the Adult Education Department in Richmond has been attempting to expand its classes for Basic Adult Education and for High School Refresher Courses. (while the term "Adult Basic Education", as used in the Greenleigh study, related to raising everyone to an 8th grade level, the School District feels that high school education can and should be approached in a similar manner.) Adults who are barely literate are requesting help. This help must be of various levels. Some welcome going to class, others are embarrassed and need individual help, some at home, some elsewhere.

To effectively reach and serve the adults needing additional general education, two things are necessary:

- (a) Adequate funds to pay the adult student costs of attending school, transportation, lunches, child care, etc. These payments are essential. (See Social Services Recommendations)

The Adult Education Department is presently serving 159 people in a variety of classes in the Model Neighborhood Area.

The Adult Education Division of the Richmond Unified school district as well as Contra Costa Junior College are participating in the Concentrated Employment Program under contract.

The Model Neighborhood Area accounts for 7.7% of the students registered in vocational-technical major. Richmond Planning Area accounts for 30.3% of the registered in vocational-technical majors in the college.

According to this data, the Model Neighborhood Area provides a relatively high percentage (greater than 15%) of the majors in the fields of: Medical Lab Tech, Industrial Tech, Construction Tech, Medical Lab Tech, Vocational Nursing, Clerical, Education, Applied and Graphic Arts, Homecoming, and Machine. The Model Neighborhood Area provides a relatively low percentage (less than 5%) of the majors in the fields of: Chemical Tech, Civil Tech, Metallurgy and Materials, Engineering Tech, Kinesiology, Scientific Data Processing, Sales and Marketing, Supervision and Management, Other Business and Commerce, Journalism, Police Tech, Other Public Service, and Planning.

5. Adult Education

Partly as a result of its participation in the Greenleigh Field Test, the Adult Education Department in Richmond has been attempting to expand its classes for Basic Adult Education and for High School Redemptor Courses. (While the term "Adult Basic Education", as used in the Greenleigh study, related to raising everyone to an 8th grade level, the School District feels that high school education can and should be approached in a similar manner.) Adults who are barely literate are requesting help. This help must be of various levels. Some welcome going to class, others are embarrassed and need individual help, some at home, some elsewhere.

To effectively reach and serve the adults needing additional general education, two things are necessary:

- (a) Adequate funds to pay the adult student costs of attending school, transportation, lunches, child care, etc. These payments are essential. (See Social Services Recommendations)

The Adult Education Department is presently serving 125 people in a variety of classes in the Model Neighborhood Area.

The Adult Education Division of the Richmond Unified School District as well as Contra Costa Union College are participating in the Concentrated Employment Program under contract.

In addition, the State Service Center is providing a typing class for adults at the Service Center with vocational Rehabilitation funds.

Additional programs are sponsored by Southside Center, Neighborhood House, and Volunteer Bureau. Some are discussed in the Chapter on Social Services.

C. EDUCATIONAL LEVEL OF STUDENTS IN THE MODEL NEIGHBORHOOD AREA

There is evidence in a number of studies that the educational level of the students in the Model Neighborhood Area is significantly lower than in the School District as a whole. One such measure, reading level, shows that the reading level of students in predominately black schools is more than 1 year below that of the schools with few or no black students.¹ (See Table 6-7.)

Model Cities Education Committee members from the neighborhood phrased it this way -- ". . . our children start two years behind when they enter school and by 8th grade they are 4 years behind,".

The Committee on DeFacto Segregation puts it this way: ". . . a child in our schools has a very slight chance of overcoming the educational limitations of his parents, i.e., his home and neighborhood environment and his class status."²

1. Opportunity For Higher Education

As of December 1965, 18% of the Negro students (grades 9-12) were enrolled in college preparatory courses. 47% of all other students were enrolled in college preparatory courses.³ As a general matter, those who did not enroll in college preparatory courses are unable or unlikely to go to college. While there may have been more enrollment in college preparatory courses with increased protest against tracking of black students the situation has not yet been corrected. Furthermore, this whole group of youngsters in grades 9-12 in 1965 are by no means too old to go to college, but remedial classes will be required if they are to have this opportunity.

¹Report of the Citizens' Advisory Committee on DeFacto Segregation, Richmond Unified School District, March 1967.

² op. cit., p. 21

³ Ibid., p. 30

In addition, the State Service Center is providing a typing class for adults at the Service Center with vocational Rehabilitation funds.

Additional programs are sponsored by Southside Center, Neighborhood House, and Volunteer Bureau. Some are discussed in the Chapter on Social Services.

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1. Opportunity for Higher Education

As of December 1965, 12% of the Negro students (grades 9-12) were enrolled in college preparatory courses. 47% of all other students were enrolled in college preparatory courses.³ As a general matter, those who did not enroll in college preparatory courses are unable or unlikely to go to college. While there may have been more enrollment in college preparatory courses with increased protest against tracking of black students the situation has not yet been corrected. Furthermore, this whole group of youngsters in grades 9-12 in 1965 are by no means too old to go to college, but remedial classes will be required if they are to have this opportunity.

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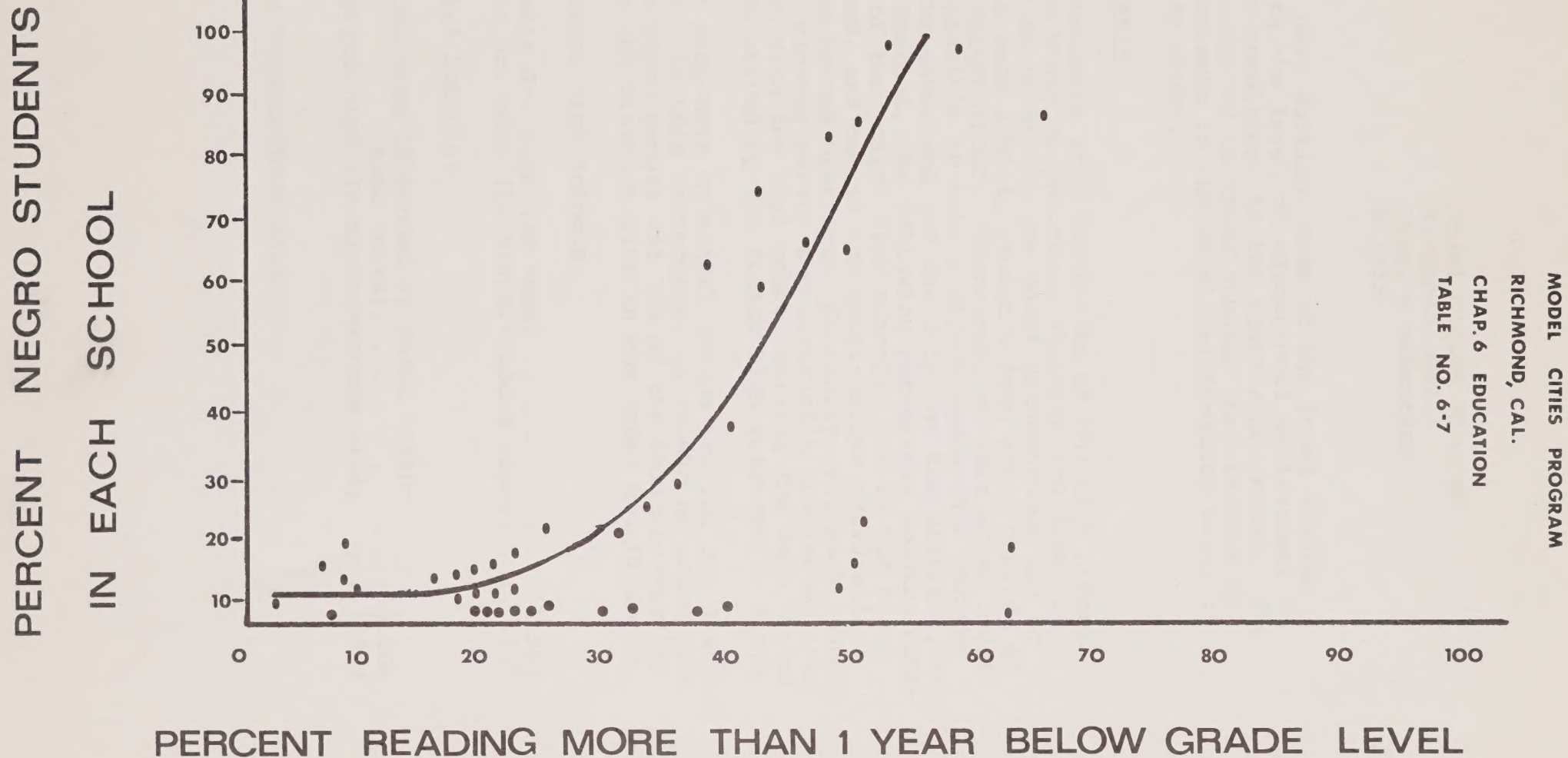
² op. cit., p. 21

³ Ibid., p. 20

6th GRADE READING LEVEL COMPARED TO PERCENT NEGRO STUDENTS

1965-66 school year

EACH DOT REPRESENTS ONE ELEMENTARY SCHOOL



DEPARTMENT OF AGRICULTURE BUREAU OF PLANT INDUSTRY BUREAU OF ENTOMOLOGY

WASH. D. C. 1907

REPORT ON THE RESULTS OF THE SURVEY OF THE INSECT PESTS OF THE COTTON PLANT IN THE STATE OF TEXAS



IN EACH SCHOOL

PERCENT OF PLANTS

In the next section, some of the local studies dealing with the level of educational achievement as well as the conditions in the schools are noted. The reader is referred to these studies for evidence of lower achievement in the Model Neighborhood Area, if there is any doubt.

2. Drop-Out Rates

The attendance area boundaries of the high schools serving the Model Neighborhood children are drawn in such a way as to divide the Model Neighborhood and to include, in each school, students from areas outside of the Model Neighborhood. Therefore, at this grade level it is not possible to make a direct comparison between the Model Neighborhood and the City, or the District, as a whole. Instead, the following paragraphs compare drop-out rates of two junior high schools, one in the Model Neighborhood, and one in the upper-income residential area of the School District. Similarly, the high school which most closely serves the District's low-income area is compared with the high school serving the same higher income area served by the junior high referred to above.

School drop-outs by racial groups are for the District as a whole. In this connection, it should be noted that 67% of the Negro people and 26% of the Mexican-American persons in the District live in the Model Neighborhood.

For the Junior High Schools:

Roosevelt Jr. High (In *MNA)	1.95%
Portola Jr. High (In higher-income area)	.27%

For the High Schools:

Richmond High (Attended by Model Neighborhood Youth)	5.06%
El Cerrito High (In higher-income area)	1.90%

*Model Neighborhood Area

In the next section, some of the local studies dealing with the level of educational achievement as well as the conditions in the schools are noted. The reader is referred to these studies for evidence of lower achievement in the Model Neighborhood Area, if there is any doubt.

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School drop-outs by racial groups are for the District as a whole. In this connection, it should be noted that 67% of the Negro people and 25% of the Mexican-American persons in the District live in the Model Neighborhood.

For the Junior High Schools:

Roosevelt Jr. High (in *MMA)	1.35%
Portola Jr. High (in higher-income area)	1.1%

For the High Schools:

Richmond High (Attended by Model Neighborhood Youth)	5.0%
El Cerrito High (in higher-income area)	1.3%

*Model Neighborhood Area.

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Secondary school drop-out rates for the entire School District, by racial or ethnic groups, are as follows:

<u>Racial or Ethnic Group</u>	<u>Drop-outs as a % of Total Secon- dary School Population</u>	<u>Drop-outs as % of Own Eth- nic Group</u>
Negro	1.67%	7.18%
Mexican-American	.18%	3.44%
Oriental	.01%	.01%
Others, primarily Caucasian	2.23%	3.28%

The only available figures on Literacy of Adults are from the 1960 U.S. Census. They show the following:

	<u>Model Neighborhood</u>	<u>City of Richmond</u>	<u>Planning Area</u>
Total No. of Persons 25 Yrs. Old & Over	12,470	39,260	82,210
Percent of Persons 25 Yrs. & Over with less than 8 Yrs. of Education	32%	18%	16%

SOURCES: Years of School Completed: 1960 U.S. Census.

D. STUDIES OF EDUCATION IN RICHMOND

There have been three major studies published relating to the Richmond school system recently. These are:

A 15 month study of defacto segregation in Richmond schools by a Citizens' Committee appointed by the Board of Education.

Secondary school drop-out rates for the entire school district, by racial or ethnic group, are as follows:

Racial or Ethnic Group	Drop-outs as a % of total secondary school population	Drop-outs as a % of total population
White	1.5%	7.1%
Hispanic-American	1.8%	3.1%
Oriental	.0%	.0%
Others, primarily Caucasian	2.2%	2.1%

The only available figures on literacy of adults are from the 1960 U.S. Census. They show the following:

Neighborhood	City of Richmond	Planning Area
Total No. of Persons 25 Yrs. Old & Over	12,470	39,250
Percent of Persons 25 Yrs. & Over with less than 8 Yrs. of Education	3%	1%

SOURCE: Years of School Completed, 1960 U.S. Census.

II. STUDIES OF EDUCATION IN RICHMOND

There have been three major studies published relating to the Richmond school system recently. These are:

A 12 month study of defacto segregation in Richmond schools by a Citizens' Committee appointed by the Board of Education.

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A study by Alan B. Wilson, titled "Richmond Youth Project," Secondary School Study, Survey Research Center, University of California on youth attitudes, based on intensive surveys in the Richmond Planning Area.

The Greenleigh Report on Adult Education sponsored jointly by the Health, Education and Welfare Department and the Office of Economic Opportunity, also a special report on Richmond's own experience in the Greenleigh study.

The school district recently set up a long range Planning Task Force which is engaged in evaluating physical plants, enrollment and other related factors. This Task Force is publishing interim reports as rapidly as possible. The Model Cities Program has representatives who attend their Task Force meeting.

These studies have provided the factual background to a large extent, for the program approaches developed in Section 6.2.

A partial list of collected Model Neighborhood Area education data and description of some items follows. Other, more specific, data referred to here or used in committee studies were obtained from the appropriate agencies.

10. Survey of Richmond Public Schools, May 1968
11. Youth Attitudes and Program Development, 1968
12. Richmond Unified School District Report on Survey of and Planning, especially intercommunity planning, by the Richmond Planning Team.
13. Report on Teacher Aid Program, by Artie Brown, June 1968.
14. A.S.P. Instructional Program, Classroom Technology, Committee, April 1968
15. Long Range Planning Task Force to Determine Future Educational Requirements of the Richmond Unified School District to 1978, as they relate to Enrollment, Attendance, and Graduation, 1968.

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California at Youth Institute, 1962, on
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MODEL NEIGHBORHOOD AREA DATA: ITEMS

1. Report of the Citizens' Advisory Committee on DeFacto Segregation, Richmond Unified School District, March 1967.
2. Report of Richmond Teachers and Administrators from the Santa Rosa Conference on DeFacto Segregation, April 1967.
3. Recommendations for Implementing DeFacto Segregation Report, in Target Area Elementary Schools, by Target Area School Principals, 1968.
4. Learning Diagnostic Center reference materials, compiled by Peggy Coffey, Office of Assemblyman John Knox.
5. Office of Education: Programs for the Disadvantaged, October 1968.
- 6.. Richmond Unified School District Tentative General Budget, 1968-69, Part-One - General Fund, and Explanation.
7. Contra Costa Junior College Vocational - Technical Education, 1968-69, M.V. Hankins.
8. ESEA Title I - Program Components, Amendments, and Personnel for 1967-68.
9. Richmond Unified School District, Truancy and Discipline Hearings and Suspensions Summary, June 1967.
10. University YWCA Elementary School Services Summary, May 1968 May 1968.
11. Youth Attitudes and Program Proposals, 1968.
12. Richmond Unified School District Report on Grouping and Marking, especially Heterogeneous grouping, by the Strategy Planning Team.
13. Report on Teacher Aid Program, by Artie Roach, June 1968.
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MODEL NEIGHBORHOOD AREA EDUCATION DATA: ITEM DESCRIPTIONS

1. DeFacto Segregation Report

The DeFacto Segregation Report, prepared by a Citizens' Advisory Committee for the Board of Education during 1966-67, uses 1966 data to describe conditions of Negro students and prevalence of poor quality education in certain "target area" schools. This report is specific in making 28 recommendations for improving the quality of education, increasing the relevance of school learning to the out-of-school experience of students from low-income backgrounds, and re-organizing the elementary and secondary schools to achieve integrated education.

Quantitative Data: 1966

Percentages of Negro students in schools, elementary school class sizes, protable classrooms in elementary schools, reading and other test scores for certain grades and secondary schools, ethnic composition of elementary school staffs; maps of school district boundaries and proposed re-organizations.

2. Santa Rosa Conference on Defacto Segregation

This report summarizes activities of the conference and makes recommendations concerning curriculum and innovations, personnel, and school-community relations.

3. Recommendations for Implementing Advisory Committee DeFacto Report

In this report, the target area elementary school principals present specific recommendations concerning personnel, instructional programs, home-school relationships, pre-school education, student self-image and diet. Annual costs of proposed items are estimated.

4. Learning Diagnostic Center Reference Materials

This collection describes experiences of other school districts in dealing with emotionally and neurologically handicapped children through the establishment of learning diagnostic centers and special programs.

MODEL NEIGHBORHOOD AREA EDUCATION DATA: ITEM DESCRIPTION

1. DeSoto Segregation Report

The DeSoto Segregation Report, prepared by a Citizens' Advisory Committee for the Board of Education during 1966-67, uses 1966 data to describe conditions of Negro students and prevalence of poor quality education in certain "target area" schools. This report is specific in making 38 recommendations for improving the quality of education, increasing the relevance of school learning to the out-of-school experience of students from low- and middle-income areas, and re-organizing the elementary and secondary schools to achieve integrated education.

Quantitative Data: 1966

Percentages of Negro students in schools, elementary school class sizes, probable classroom in elementary schools, reading and other test scores for certain grades and secondary schools, ethnic composition of elementary school staffs, maps of school district boundaries and proposed re-organizations.

2. Santa Rosa Conference on DeSoto Segregation

This report summarizes activities of the conference and makes recommendations concerning curriculum and innovations, personnel, and school-community relations.

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5. Office of Education: Programs for the Disadvantaged

This pamphlet summarizes programs of the Federal Government, specifying legal titles, eligibility, and responsible units of government for each.

6. Richmond Unified School District Tentative General Budget, 1968-69

This statement itemizes expenditures by amounts and specific sources and accounts for changes in spending over 1967-68.

7. Contra Costa Junior College Vocational - Technical Education Tabulation

Prepared under the direction of Mr. M.V. Hankins of Contra Costa Junior College, this tabulation summarizes the distribution of students from the Model Neighborhood Area registered in vocational-technical training majors at Contra Costa Junior College. The tabulation is based on figures for Richmond census tracts 65 and 76 through 80 covers the academic year 1967-68. It specifies numbers of Model Neighborhood Area students in each major and indicates what percentage they form of the total number of students enrolled in each major course in the college. The Model Neighborhood Area accounts for 7.7% of the registered students in vocational-technical majors in the college.

Also presented are numbers and percentages of students from the Richmond Planning Area who are enrolled in each major course.

8. ESEA Title I

This outline describes Title I programs for 1967-68 according to educational purposes and personnel involved. Costs of personnel are itemized by type and assignments to particular target area elementary schools are indicated.

9. Truancy and Discipline

This summary enumerates cases and reasons for suspensions in the Richmond Secondary Schools, mainly for 1966-67.

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This summary describes services the University's Young Women's Christian Association has made available in Richmond Elementary Schools during 1967-68.

11. Youth Attitudes and Program Proposals, 1968.

These reports present results of an attitude survey involving 70 Richmond youth and describe the program orientation of the Greater Richmond Youth Advisory Board.

12. Long Range Planning Task Force To Determine Future Educational Requirements of the Richmond Unified School District to 1978, as They Relate To Buildings, Attendance, and Curriculum. 1968.

The report considers these requirements within the framework of social, political, and economic determinants as set by the Richmond Unified School Board and the Richmond Unified School District. The Long Range Planning Task Force reports include:

- a. Evaluation of Existing Plant Facilities 1966.
- b. Population and Community Characteristics.
- c. Richmond Unified School District School Enrollment Trends, 1958-1967.
- d. Migration and Negro Population

E. SPECIAL PROGRAMS RELATED TO EDUCATION

The Richmond School District has been increasingly faced with the problems of improving the education of children from low-income families, particularly Negro and Mexican-American children. A number of programs intended to improve the situation have been undertaken. These include:

1. Co-sponsorship with the University of California Extension Division of a three-week Leadership Training Institute in Problems of School Desegregation, financed by the Federal Government. This led to a continuing program resulting in a 700-800 person teacher-at-large conference.
2. Participation in the use of new careerists in the School Department with the Richmond Projects Committee (O.E.O. funds), followed by the school district hiring of School Community Workers and Teacher Aides.

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3. Participation of some 100 to 200 people in the Richmond Community Services Project. Many volunteers are being used in the schools in the Model Neighborhood Area for the second year of this program.
4. Development of the widely-heralded "Richmond Plan" for pre-technical training for high school students. The Richmond Plan stemmed from the analysis of under-achievers in high school and culminated in developing new remedial approaches based on new curriculum organization. The planning of a new facility to house technology programs to be taught by means of the "Richmond Plan" in three disciplines: Pre-Engineering, Communication Arts, and Para-Medical Services, was funded by a federal grant. (Continuation of this grant was applied for but denied.)
5. Participation in the Greenleigh study of Adult Basic Education.
6. The Contra Costa School Success Program, a project begun in 1966 within the Richmond Unified School District, and which was designed to identify health and educational problems hindering successful school progress and to apply methods which reduce school failures. The project has followed the progress of selected children from kindergarten through the first grade, and documented the various health and school intervention methods applied which had a positive effect upon their success in school. It is in its last year.
7. Several special study hall programs sponsored by community groups and operating in non-school settings have been established in Richmond. They include the Neighborhood House Study Hall Program which is an on-going venture, the study hall program of the Western Students Movement and Easter Hall-Mount Zion Church which operated with Office of Economic Opportunity demonstration funds in connection with the Richmond Community Development Demonstration Program and a summer project run by People Pledged for Community Progress in 1967.

F. SOME OF THE MAJOR SCHOOL PROBLEMS AS SEEN FROM THE COMMUNITY FOCUS

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The many long discussions of the Education Committee and its sub-committees took these for granted and tried to find the reasons why these conditions exist, and to describe the problems in terms which lead to their improvement.

A brief summary of the highlights of these discussions follows. The goals and program approaches are specifically directed at solving problems. In some cases related and subsidiary problems are not noted here but are dealt with under program approaches. The notes in the following list regarding solutions are provided to illustrate problems and to indicate relation between problems and solutions. They are not a list of program approaches.

1. Difficulty of Learning When the Teacher (and Society) Labels the Child or Adult as Unable to Learn (Due to Race, Language, Income, etc.).

This is the paramount and most difficult hurdle to jump. (Possible Solutions: New school personnel stressing the Black (or Spanish-speaking) male with whom the youngsters can identify at high administrative levels, - teacher aides from the community in every classroom, library, etc., with career ladders for aides to assistant, etc., inservice training directed at the aspect, parent advisory councils).

2. Difficulty of Learning Because of Hunger, Fatigue, Ill Health, Poor Clothing, and Other Practical Problems.

(Possible Solutions: School lunches, health programs, assistance in increased welfare allowances and employment to family).

3. Difficulty of Learning Because the Child Sees No Chance of a Good Job Even If He Gets a School Diploma.

(Possible Solution: Mainly changes in employment patterns but also affected immediately by better racial integration of school personnel; tangible rewards and success for learning; also, better understanding of job-school relations).

4. Difficulty of Learning When Lack of Money For Recreation, Attractive Clothing, etc., Distresses or upsets the Child.

(Possible Solution: Improved family income; also earn-learn and work-study programs for older children).

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(Possible Solution: Improved family income; also earn-learn and work-study programs for older children).

5. Conscious Rejection of "School Type" Learning Because of Lack of Positive Image to Relate to.

(Possible Solutions: Change in curriculum and better racial integration of school personnel; more learning outside of school setting; study halls outside of school, use of students as tutors).

6. Gaps in Experience Between the Professionally Trained Teachers and the Parents and Children in the Model Neighborhood Area

(Possible Solution: Add more school community workers, more teacher aides from the community; also, add more and different inservice training of professional teachers).

7. Difficulty in Helping Children Reach Full Individual Capacity When Teaching is Based On Moving a Group Along.

(Possible Solution: Smaller class size, additional classrooms and teachers, team teaching, teacher aides, learning labs, etc.).

8. Labeling Children as to Capability Without Proper Evaluation

(Possible Solution: Eliminate tracking; work in smaller heterogeneous groups.)

9. Tendency of Schools to "Push" Children Out

(Possible Solution: Eliminate punishment by suspensions or other removal from class; use instead cooling-off rooms, guidance units, special classes, etc.)

10. Lack of Exposure To the Learning Process At an Early Age

(Possible Solutions: Expanded early childhood education, education of parents in child development).

11. Lack of Resources for Remediating Adult Education Deficiencies

(Possible Solutions: More adult education opportunities of all types and supportive services to go with these).

5. Conscious Rejection of "School Type" Learning Because of Lack of Positive Image to Relate to.
(Possible Solutions: Change in curriculum and better racial integration of school personnel; more learning outside of school setting; study halls outside of school; use of students as tutors).
6. Gap in Experience Between the Professionally Trained Teachers and the Parents and Children in the Model Neighborhood Area
(Possible Solution: Add more school community workers, more teacher aides from the community; also add more and different inservice training of professional teachers).
7. Difficulty in Helping Children Reach Full Individual Capacity When Teaching is Based on Having a Group Along
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12. Lack of Adequate Technical Schools and Traditional Misuse of "Vocational" Courses to Push Students Out of Academic Courses.
13. Lack of Pertinence of Materials and Methods of Teaching.
14. Difficulty of acquiring a Higher Education Because Of Poor School Preparation and/or Lack of Money.

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Richmond, Cal.
Chgo. & Education
8.1-28

11. Lack of Adequate Technical Schools and Traditional Missions of "Vocational" Courses to Push Students Out of Academic Courses.
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APPENDIX 6.1: NYSTROM DEMONSTRATION SCHOOL PROJECT

- A. Objectives
- B. Program Approaches

APPENDIX 6.2: TEACHER-COMMUNITY ORIENTATION PROGRAM

- A. The Basic Program
- B. Feedback from Nystrom Summer Workshop
 - 1. Community People "Tell It Like It Is" To Elementary School Teachers
 - 2. Additional Evaluation Note
 - 3. Summary Evaluation

A. GOALS

Review of problems has led to identification of the following items which provide the frame-work for suggesting and organizing program approaches. These major emphases or goals are:

1. Increasing the student's self-confidence.
2. Changing the curriculum to bring in pertinent material.
3. Changing teaching methods and procedures which discourage the students from learning.
4. Using the school as a base for improving the conditions needed for the student's physical and emotional health, welfare, and comfort.
5. Changing the school community relationships to make the whole school-community interaction more responsive and useful to the residents.

These concepts are illustrated and major program approaches developed in the following sections which are divided by type of school program: Section 6.3 indicates a recommended strategy and priority in putting these approaches into effect.

B. PROGRAM APPROACHES TO CARRY OUT THE GOALS AS APPLIED TO ELEMENTARY AND SECONDARY SCHOOLS

1. To improve the self-confidence and self-image of the students. Whether consciously or unconsciously, all too often the teaching and administrative staffs act as if the pupils are incapable of learning. Tragically, the pupils, too, often believe they cannot learn as well as their higher-income, predominately white counterparts. A combination of changed personnel and changed attitudes is needed along with procedural and content modification.

Examples provided by other students, especially those who have overcome obstacles and the use of new teaching materials which increase pride are among the many ways attitudes might be changed. Since the goals are interrelated, there will be program approaches listed under one goal which relate also to another goal. To avoid repetition, the program approaches are usually listed only once.

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- a. Improve the ability of the elementary school teachers to relate effectively to students and their home environments. Employ Model Neighborhood Area residents to help instruct teachers, administrators, and counselors in each school.
 - (1) Alert teachers to awareness of what kind of demands are made on students by family and peer group.
 - (2) Prepare teachers to understand the language and out-of-school problems of students.
- b. Add to school staffs large numbers of teachers-assistants, school community workers, and other local people working in significant, not menial, jobs.
 - (1) Initiate a program for recruiting, training, and employing (along career lines) teacher aides and community workers and other personnel from the Model Neighborhood Area.
 - (2) Require aides, community workers, counselors, and teachers to qualify for positions according to their interest and ability to work with children of lower socio-economic and minority backgrounds. Suspend California state eligibility requirements when necessary to take on qualified personnel, and change credential requirements and personnel procedures, as needed.
- c. Add at top professional levels, as well as at "aide" levels, Black and Spanish-speaking personnel with whom the children can identify. Make special efforts to recruit male and Spanish and Black faculty and staff.
- d. Eliminate unsuitable professional personnel from schools where they come into contact with children from the area. Re-orient, transfer, or dismiss incompetent and uncooperative personnel.
- e. Employ teacher aides in each school to assist regular classroom teachers in instructing students. Teacher aides should spend part-time furthering their own educations. They may subsequently become teacher assistants.

- f. Employ school-community workers and community counselors on each school staff to facilitate rapport between teachers and students and their parents.
 - g. Employ high school students to tutor younger students in study hall facilities.
 - h. Teach Black, Latin-American, and Indian culture, history, and current affairs. (Relates also to curriculum revision.)
 - i. Use challenging and difficult material to help children recognize ability. (Related also to curriculum revision.)
 - j. Renovate or replace existing facilities as needed, with special concern for the stimulating student pride in the facilities in his neighborhood.
2. To Make the Curriculum More Pertinent to the Lives of the Students and to the Problems of Today.

Old cliches about "can't learn" must be destroyed. Bringing in material which is pertinent to the lives of the students and to today's problems, stimulating and challenging, is one effective way to do this. In addition to the problem of interesting and challenging the children is another problem regarding material. New knowledge and new skills are demanded today. They are quite foreign to the experience of many of the parents, both low-income and moderate-income. The communication between administration, teacher, and home must seek to insure that the most up-to-date knowledge is being taught and preferred methods are being used in all our schools.

- a. Institute curriculum changes and enrichment programs to make subjects relevant to the backgrounds and concerns of students.

Change the courses and teaching materials to provide material stimulating and useful to the students. The school district should provide leadership and stimulation for introducing new courses and materials (books, equipment, audio-visual aids) and for teaching new subjects in new ways, including history and achievements of Black,

Spanish-speaking and Indian peoples, creative arts, natural science, higher math, etc.

The responsibility for specific additions and changes should, where possible, be left to individual teachers, under the direction of the principal and residents' advisory councils.

- b. Introduce professional and community people into curricular sessions to expose students to a variety of arts, recreation, and occupational pursuits.
 - c. Supplement class sessions with regularly scheduled field trips to nearby cities and countryside.
 - d. Institute an outdoor education program which includes the use of Richmond's natural environment and its variety of peoples to expose children to new ideas and new experiences.
 - e. Provide a special "Learning Laboratory" where teachers, students, and parents may all explore new materials, audio-visual aids, teaching machines, new books, etc., at their leisure in an atmosphere conducive to learning. If possible, disassociate this learning lab from "regular school" by placing it in a special facility and keeping it open evenings and Saturday.
 - f. Within each school make sure that equipment and space are available for enrichment courses and for using the most stimulating teaching devices.
3. To Change Teaching Methods and Procedures in Order to improve performance of the students.

Major problems of education in the Model Neighborhood Area have been identified as resulting, in good part, from the non-responsiveness of the Richmond School System (like most other schools today) to the needs of Model Neighborhood Area residents and from the inability of the residents to independently provide educational resources. The school system offers little of relevance and meaning to encourage Model Neighborhood Area children and adults to learn. Parents are angry about deficiencies and their local school and the official attitude that it is not the schools' responsibility to operate programs which produce equal educational achievement.

GOALS 1 and 2 relate to the need to challenge the pattern of dull schools and alienated student.

GOAL 3 attempts to focus on how to reach the individual child.

American schools were geared to the average child and how, most economically, teachers might reach the average child. After "sputnik" some efforts were made to favor the "gifted" child.

Our emphasis is quite different it is the feeling of the Model Neighborhood residents that the school's responsibility is to educate all children -- and if this makes it harder for the teacher, or even if it makes it harder on the child whose family background put him ahead, it will have to be so. We must look at each individual child and help each to reach his capacity on the assumption that capacity is unrelated to race, national background or income but with full knowledge that performance up to now has been all too related to race, ethnic origin or income. The following program approaches are recommended toward that goal.

- a. Organize heterogeneous classes in which students are grouped randomly, not according to ability.
- b. Group younger children into broader age groups (i.e., ungraded classes) so that children may learn at their own speeds and gain confidence in their abilities.
- c. Maintain classes sizes at 20-25 students; keep special classes smaller.
- d. Encourage team teaching practices to take advantage of special resources and talents of teachers.
- e. Use teacher evaluation reports and parent-teacher conferences instead of grade reports at all schools.
- f. Require follow-up counselling and enrichment of activities of Model Neighborhood Area students in the junior and senior high schools. Change counselling practices to encourage maximum effort from the students.
- g. Operate a Guidance Center in each school. Equip each Center with a study room and cooling-off room to be open to students presenting behavior

problems classroom teacher are unable to handle. Make sure space is available in each school for such centers.

- h. Eliminate suspensions.
 - i. Provide remedial instruction with special classes, teachers and materials for students below average in fundamental reading and math skills.
 - j. Avoid "social promotions" which move children into grades they are not prepared for.
 - k. Work toward individualized instruction.
 - l. Arrange classrooms and school buildings for maximum flexibility.
 - m. Use incentives such as trips, plays, games and other attractions and rewards to motivate younger children to the learning demanded of them. Old fashioned goldstars, lollipops, etc., should be for learning, not for sitting quietly without bothering the teacher. Pay older children to tutor younger children.
4. To improve the conditions needed for the student's physical and emotional health, welfare and comfort.

Often problems of clothing and nutrition are readily visible when children come to school. The school, through school-based programs can attend to these problems, and can also refer these problems to the health department and other concerned agencies. Programs to accomplish these ends will include:

- (a) Arrange substantial use of school-based health aides (child and family health counsellors) who will help to see that children in school get adequate physical exams and follow-up care, that they have adequately warm and clean clothing for school, etc. These health aides will be one of the bridges to coordinate education, health, employment, welfare, and housing programs for the residents.
- (b) Establish a learning diagnostic center where teachers or parents can seek assistance for children who are having problems in learning or in behavior conducive to learning. This center might be funded from mental health sources. Such a center is recommended in

problems classroom teacher are unable to handle.
Make sure space is available in each school for
such centers.

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response to various expressions of needs. Teachers have requested expert assistance in helping children who have learning problems. Parents, psychologists and others say the classroom environment may cause a child to misbehave so that service is needed to act in behalf of pupil as well as school. Finally, those concerned with the prevention of juvenile delinquency state that tendencies toward problems of social behavior can be diagnosed early and that help should be available early. By setting up such a center independently of the school district and of the correctional agencies, it can help the children without a stigma.

- (c) Provide psychologists, specialist teachers, health personnel and other needed professionals for special service in the Model Neighborhood Area schools. Tie in to Family Counselling Services and other services to be provided under other programs.
- (d) Provide free hot meals, (breakfast and lunch daily, or a brunch,) to students in school. Equip existing schools with facilities for serving hot meals as needed.
- (e) Provide for auxiliary clothing assistance, books, special fee payments, etc. The school should have a special fund for fees which children cannot pay. The responsibility for administering such funds may vary from school to school, but teachers, teacher assistants, and school community workers, health aides, and other, should all be aware of available resources and see that children are not kept out of activities for lack of money.
In addition, investigation of an "educational materials" stamp program something like a food stamp program for low-income families is suggested. An alternative approach might be an "educational materials and activities allowance" paid per child similar to family allowances provided in some countries.

5. To change School-Community Relationship by bringing Students and Faculty out into the Community so that organized Education will become more pertinent and school-type learning more valuable.

There are many factors to changing school-community relationships. Among the most important are the expansion of the citizen advisory roles for individual schools, the role of school personnel in the local neighborhoods and the interaction between learning in the wider community

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and learning within school buildings and school hours. Much has been said about bringing the community into the school and "community schools" are being tried in several cities. One approach that has seldom been tried is to bring the school further into the community. We are aware that the children tend to consciously reject "school-type learning," but we are barely beginning to move out into the community with our children. Some small beginnings in Richmond have been the cooperative school "Head Start Program" under non-school auspices, the various programs using out-of-school settings such as study halls run by Zion Hill, Western Students, Neighborhood House, and People Pledged for Community Progress, and the outdoor education program recently initiated. Closer ties between school and community in providing education can be established in a number of ways.

- (a) Request the school Administration and school staff to play an active part in neighborhood affairs. The school principal should be expected to be a leader in the neighborhood where his school is located, speaking for the students and their families to obtain better public and private services and resource allocation-from all agencies and organizations, not just the school department.
- (b) Organize community-school advisory councils at each school, composed primarily of parents (and, at high school levels, students). These Councils can assist the principals in establishing standards for recruiting and selection of personnel, help develop and promote new curriculum, and review and advise on changes in teaching and organizational procedures.
- (c) Establish and operate study halls, with library materials, independent of the regular schools. Pay older students to tutor younger children in the study halls. The use of scattered study halls, located in neighborhood facility buildings, which can be designed to provide additional educational support to students who have difficulty coping with the "school atmosphere", has been tried already in Richmond and residents feel it has been of great assistance. (Neighborhood facilities buildings should be designed with this in mind), The use of student tutors, who establish a one to one relationship with their pupils, can provide an additional bridging resource. An individualized

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tutoring program affects the self-image, especially if the tutor is an older student who is able to encourage a younger student by establishing a brotherly relationship.

- (d) Develop work experience and work study programs, providing allowances for school hours as well as work hours.
- (e) Provide transportation, fees and activity expenses for trips out of the schools, to bring specialists into the schools, and for enabling inter-school exchanges.
- (f) Develop related community facility-school complexes for education, recreation and cultural enrichment of all age groups. These complexes and their operation will vary from school to school within the Model Neighborhood Area. The use by the schools of public facilities designed for everyone should be encouraged. Activities and services for children and parents can be provided out in the community and the schools can take the children to them. This approach is a somewhat reverse twist of the usual strategy which proposes to develop good school-community relations merely by building educational parks and keeping them open nights and weekends. Any technical obstacles to the use of HUD Neighborhood Facility funds for this should be removed. The physical expression of having the school and community together will vary from school to school. Among the proposals for study are the following:

2 Proposed Community Strip Park including Schools in Iron Triangle

A community park which will extend from the present Lincoln School site to the Peres School Site is intended to provide a combination of recreational and cultural facilities with school building in a way which can broaden cultural horizons.

This community park should include an additional school building containing classrooms arranged flexibly to stimulate experiments in small group and team teaching. In the same park strip, other educational and cultural facilities will be situated for maximum school and community use. These facilities would be designed for everyone, heavily used by the school weekdays between

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8:30 a.m. and 3:00 p.m., and operated for the community afternoons, evenings, and weekends. Facilities would include: a public library branch; a Children's Museum and Toy Lending Library (in an old house of historical interest) ; space for adult basic education classes; a neighborhood health center or health station; a Learning Diagnostic Center; an auditorium, equipped for children and youth to put on plays as well as to see live and filmed performances; an art museum and arts and crafts studios; and perhaps other facilities such as a planetarium.

A school-community park of this sort should be organized so that all children who will come into the Iron Triangle for school will be able to obtain the advantage of the new classrooms as well as the other facilities.

The Long Range Planning Task Force Study, appointed by the school board, will shortly make a report on school space needs which will include a look at alternative organizational arrangements of grades. Examples of organizational set-ups are: the 4-4-4 Plan, which designates an elementary school for Kindergarten through 4th grade, a middle school for grades 5,6,7, and 8, and a four year high school; the 6-3-3, Plan, which designates an elementary school for kindergarten through 6th grade, 7th, 8th, and 9th grades in Junior High, and 10th, 11th and 12th grades in high school, the 5-3-4 Plan, which provides for kindergarten through 5th grade in an elementary school, 6th, 7th, 8th grades in a middle school, and a four year high school.

Model Cities can make a more effective recommendation on school organization after this Task Force preliminary report is completed. If a 6-2-4 plan is retained, it is suggested that the classrooms at Peres, Lincoln, and the new building be considered one school, divided by buildings into k-2, 3-4, and 5-6.

If a 4-4-4 plan is adopted, the new school might become the middle school.

Part of the job of the Long Range Task Force is to determine how to eliminate de-facto segregation. In the most recent discussions regarding this problem, it was suggested that Peres School be abandoned completely rather than just stripped of its portables and remodelled.

Whatever the final disposition is made of Peres a new

8:30 a.m. and 3:00 p.m., and operated for the community afternoons, evenings, and weekends. Facilities would include: a public library branch; a Children's Museum and Toy Lending Library (in an old house of historical interest); space for adult basic education classes; a neighborhood health center or health station; a Learning Diagnostic Center; an auditorium, equipped for children and youth to put on plays as well as to see live and filmed performances; an art museum and arts and crafts studios; and perhaps other facilities such as a planetarium.

The school-community parts of this sort should be organized so that all children who will come into the from outside the school will be able to obtain the benefits of the new classrooms as well as the other facilities. The new large planning task force body, appointed by the school board, will shortly make a report on school proposals which will include a look at the organizational arrangements of grades. Examples of organizational set-ups are: the 1-4-4-4 plan, which separates an elementary school for grades 1 through 4, a middle school for grades 5, 6, 7, and 8, and a four year high school; the 6-3-3 plan, which separates an elementary school for kindergarten through 5th grade, a middle school for 6th, 7th, and 8th grades, and a high school for 9th, 10th, 11th, and 12th grades; the 2-2-4-4 plan, which provides for kindergarten through 2nd grade in an elementary school, 3rd, 4th, 5th grades in a middle school, and a four year high school. Model Cities can make a more effective recommendation on school organization after this task force preliminary report is completed. It is also being ascertained, it is suggested that the district be organized as three, Lincoln, and the new building be designated as a school, divided by buildings into 1-4, 2-4, and 3-4.

The 1-4-4 plan is suggested, the new school might become the middle school. Part of the job of the task force is to determine how to eliminate the three school system. In the most recent discussion regarding this problem, it was suggested that the three schools be abandoned completely rather than being of the potential and remodelled.

However the final decision is made of three a new

school in the Iron Triangle is recommended which will be integrally related to new community cultural and recreational facilities.

This school-community complex is proposed as:

- (1) a visible symbol of reaching-out approach to learning,
- (2) an object of pride for the neighborhood in which it is located,
- (3) a base for two-way integration, not only in terms of helping to provide school capacity for new families who might come into the area, but also as a new "in-town" facility, challenging the nation-wide pattern of building all new schools in the suburbs and making do by moving the ghetto children into empty classrooms in aging schools.

In North Richmond: Studies are in progress regarding the feasibility of developing a major regional recreation and outdoor education center along Wildcat Creek related to adjacent marsh lands and mudflats. It is tentatively proposed that a permanent outdoor educational facility include living quarters for school children to spend several days on the bay and along the creek and canyon. If such a facility is built, it should be the basis for special learning programs at Verde and should feature open enrollment for children interested in this kind of natural science program.

In the Southside: The elementary schools presently serving the MNA on the Southside include Nystrom, Washington, Cortez and Coronado.

Nystrom School, with about 800 children, is adjacent to Kennedy Park, the Kennedy Recreation Center and a school operated Child-Care Center. It is, therefore, already a part of a potential school-community park complex. The school building itself needs major overhauling. Physical and operational connections should be established with adjacent facilities, including the Child-Care Center, the Recreation Center and the park. Some of the children from the Nystrom School area also go the Washington School, as do children from the Iron Triangle. Washington School has the potential for becoming an attractive facility in a park setting and Model Cities residents should maintain a special interest in this school.

The children from Easter Hill go to Cortez School. Coronado School, which serves the children from west of 15th Street and north of Cutting, was excluded from

the Model Neighborhood Area when the Federal Government required a cutback in the population to be served by the Model Cities Program. However, the characteristics and problems of Coronado School are very similar to those of the other schools in the Model Neighborhood Area. It is predominantly Black. It is geographically contiguous with the Model Neighborhood Area and it presently operates with limited resources, like the Model Neighborhood Area schools.

Coronado is not assisted by Redevelopment activities as are the nearby Stege and Pullman schools. Therefore, it is our recommendation that Coronado be included in the school plans for the Model Cities Project and that the Federal Government be asked to permit us to use all special Model Cities Project funds and priorities except the U.S. Department of Housing and Urban Development block grant funds, for Coronado as well as for the other Model Neighborhood Area schools. Specific plans for school facilities at and near this area have not yet been worked out. Coronado School is on a very crowded site which cannot adequately serve a school this size. Whether or not a new school should be built here or elsewhere and how it should relate to a proposed community building at, the present housing authority office, is subject to further study.

C. PROGRAM APPROACHES TO CARRY OUT THE GOALS AS APPLIED TO
EARLY CHILDHOOD EDUCATION

The above material dealt primarily with education at the public school levels, especially, but not exclusively, elementary levels. The strategy for improving education should be to use the same approaches over the whole life span. Goals are the same. Program approaches vary with the age group and present resources.

Several program approaches are listed below:

(1) The proposed Children's Museum and Toy Lending Library

This program is designed to attract mothers of young children who are looking for an interesting place to go and who will bring their children with them to learn something about educational toys, child development, etc. The museum will feature Black, Latin American and Indian culture. Toys, exhibits, and activities to stimulate the learning process for young children and to help

their mothers find out about appropriate toys will be made available. (A copy of a project is attached to the Public Facilities Chapter).

(2) Educational Activities for Children and Their Parents at All Child-Care Facilities

The Child-Care sub-committee of the Social Services committee has developed program approaches for all sorts of Child-Care services, from the Standard Public Child-Care Center like the Maritime Center to "Kiddy Korral's" at every health clinic and large public office in the area.

All Child-Care programs should include ways of stimulating young children to develop learning habits and skills. To insure this, training provided to child-care aides should include materials on teaching young children and in helping the mothers with their children's education. Special efforts will be made to reach the hard-to-reach.

(3) Continuation and Expansion of Existing Early Childhood Education Programs

(to be developed)

D. PROGRAM APPROACHES RELATING TO TECHNICAL AND VOCATIONAL EDUCATION

Formal education, as we know it today, is structured for the individual who has college potential. Little is being done about the average student who would like to develop skills for employment not necessarily requiring a college education. More emphasis needs to be given to the development of vocational and technical schools for such students.

Historically, the vocational school has been the dumping grounds for students who were not academically inclined. One of the reasons for re-evaluating the importance of the vocational school was the notion that everybody needed, at the very most, a twelfth grade education. But with the recent drastic changes in automation and life expectance, the importance of a twelve year education is shifting.

Job opportunities and programs that teach job skills are needed for the individual who may not, at the age of sixteen or seventeen, see the importance of completing a twelve year academic course. He should have the choice of going to a technical school and working a few years and then returning to complete this academic education later if he so desires.

their mothers find out about appropriate toys will be made available. A copy of a project is attached to the Public Facilities Chapter).

(2) Educational Activities for Children and Their Parents
at All Child Care Facilities

The Child-Care sub-committee of the Social Services Committee has developed program approaches for all sorts of Child-Care services, from the Standard Public Child-Care Center like the "Maritime Center to "Kindy Korrala" at every health clinic and large public office in the area.

All Child-Care programs should include ways of stimulating and young children to develop learning habits and skills. To insure this, training provided to child-care aides should include materials on teaching young children and helping the mothers with their children's education. Essential efforts will be made to reach the hard-to-reach.

Continuing Education and Development of Existing Child-Care Programs

(to be developed)

Development of Educational Programs for the Unemployed and Vocational Education

Unemployment education, as we know it today, is structured for the individual who has college potential. Little is being done to help the individual who has no college potential. Only life to develop skills and a sense of responsibility. Learning a college education is not necessarily necessary to the development of vocational and technical schools for such students.

Historically, the vocational school has been the dominant force for students who were not academically inclined. One of the reasons for this is the importance of the vocational school in the past. It is a school that everybody needed, at the very least, a good education. But with the recent dramatic changes in automation and the existence, the importance of a college level education is shifting.

Job opportunities and training that teach job skills are needed for the individual who may not, at the age of sixteen or seventeen, be the one who is going to a technical school. He should have the ability of going to a technical school and working in a job that is not returning to complete his academic education later in his career.

Schools should be more flexible for students. A student should be able to attend a vocational school and acquire a skill, yet he may not necessarily want to follow this career for the rest of his life. Drop-outs should not be made to feel like failures in society. Vocational schools should include intensive community-oriented programs to help direct drop-outs and other potential vocational students.

A review of job opportunities indicates that many jobs are technical, but not necessarily academic: electronics and chemical testing for example. Young people do not necessarily want or need conventionally academic schooling. Indeed, the academically inclined child has been bored by the pressures toward college and often deprived of valuable leisure time skills by the rigid exclusion of technical and vocational courses. Students enrolled in non-academic classes consist entirely of students who have been told they are poor academic material, the lack of competition and challenge often discourages them from learning technical skills and recognizing their worth.

1. GENERAL CRITERIA

Vocational and technical equipment is expensive. Therefore, we propose:

- (a) To invest in equipping one centrally located vocational-technical facility in downtown Richmond,
- (b) to operate this facility in both day and evening sessions,
- (c) to open all its courses to the variety of youth and adults who should benefit from either full or part-time instruction.

Such a technical school could be financed through the Richmond Unified School District and be run jointly with Contra Costa Junior College, utilizing the college's know-how and prestige. The facility could be available as a training center under MDTA as well as serving as a resource for other job-training programs and for local school enrichment.

2. NEED FOR STUDY AND DETAILED PLANNING

The Richmond Unified School district under a Ford Foundation Grant developed some experimental ideas and some expert knowledge which has been borrowed and put

to use in other places. However, Richmond has not yet developed a modern technical school. Therefore, it is proposed that a request for a substantial grant for study and development of detailed plans be made.

The residents of the MNA should play an important role in making this study. In addition, local business and industrial firms should be involved at an early stage. Work experience and work training programs should be incorporated into the vocational and technical school programs. Business and industrial firms should play an important part in the planning and operation of these programs.

E. PROGRAM APPROACHES RELATING TO HIGHER EDUCATION

Fewer young people from the MNA go to college than from areas east of San Pablo Avenue.

The reasons for this are easy to determine but hard to separate from each other. The students from low-income areas often cannot afford to go to college. They expect to have to work. Even with scholarships for tuition, their parents cannot provide food, clothing, recreation money, etc., expected to go along with most scholarships. In fact, these students often have to help support the rest of the family.

The school personnel, especially counselors, have historically "tracked" children without explaining the effect of this tracking to students or parents and thus precluded students from getting the background needed for continuing on to college.

Finally, the parent, who has had no experience with college, does not know how to help this child even if he desires that the child get a college education. Program approaches to solve these problems should be further developed. Suggested approaches:

1. Elimination of tracking, revision of curriculum requirements, and improvement of counselling.
2. Provision of much more adequate financial assistance for people going to college so that they can be fully "self-supporting". The MDTA allowance approach should be use for college as well as for training for lesser vocational skills.
3. Provisions of remedial course at junior colleges and/ or at four year colleges so that students can "make up" requirements and go on through college even if poorly prepared. this last approach is essential if the effects of past school practices are to be overcome within a reasonable time.

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E. PROGRAM RECOMMENDATIONS REGARDING TO HIGH SCHOOL EDUCATION

Fewer young people from the city attend college than from areas east of San Francisco. The reasons for this are many. The reasons for this are many. The students from low-income areas often cannot afford to go to college. They expect to have to work when they graduate for tuition, their parents cannot provide food, clothing, recreation, transportation, etc., expected to go through with most responsibilities. In fact, these students often have to help support the rest of the family.

The school personnel, especially counselors, have historically treated children without explaining the effect of this treatment to students, parents and thus precluded students from getting the background needed for continuing on to college.

Finally, the parent, who has had no experience with college, does not know how to help this child enter if he desires that the child get a college education. Program approaches to solve these problems should be further developed. Suggested approaches:

1. Elimination of tracking, reduction of over-crowding, re-examination of the curriculum, and improvement of instruction.
2. Provision of such more advanced facilities as assistance for people going to college so that they can be helped to get through college. The allowance approach should be used for students as well as for training for less advanced skills.
3. Provision of remedial courses at junior colleges and/or at four year colleges so that students can "make up" requirements and go on through college even if poorly prepared. This last approach is essential if the effects of past school practices are to be overcome within a reasonable time.

F. FINANCIAL SUPPORT FOR STUDENTS IN ADVANCED TECHNICAL & ACADEMIC COURSES

Many students who have the ability to profit from advanced technical or vocational education are prevented from doing so by the inadequacy of financial support. Typical scholarships and fellowships for college run to \$1800 per year, including part-time work. Training allowances under MDTA, Vocational Rehabilitation programs, etc., are inadequate in amount especially for the student with family responsibilities and above all are inadequate in duration. It is time to help a qualified student go all the way through engineering school rather than short drafting him in a 9-month electronics trainee course. To do that it is proposed that 50 or more fellowships be established paying \$4000 per year for heads-of-household to go to college or to take advanced technical or vocational training.

G. OTHER ENCOURAGEMENT FOR ADULT EDUCATION

The following approaches are recommended in addition to those discussed above. In general they apply to all levels of "adult education" -- basic education for the adult whose reading and writing ability is less than 5th grade, remedial courses for those with slightly more educational skills, brush-up courses -- and advanced courses for those who can improve their job status or just learn for their enjoyment.

1. Provide "bonus" assistance under guaranteed annual income or other welfare approaches to adult education at all levels.
2. Develop a more community-oriented counselling and recruiting programs to interest adults and drop-outs in vocational and technical training similar to the Contra Costa Junior College mobil counselling unit; provide follow-up guidance at all educational and age levels.
3. Provide a special building or space in neighborhood community buildings and in the technical facility, for adult education.
4. Provide rooms equipped for arts, music, and other cultural activities for adult enrichment in school and in neighborhood facility buildings.

H. DEVELOPMENT OF MEASURABLE GOALS AS PART OF DETAILED PROJECT DEVELOPMENT

Measurable five year goals are a requirement of the

F. FINANCIAL SUPPORT FOR STUDENTS IN ADVANCED TECHNICAL & ACADEMIC COURSES

Many students who have the ability to profit from advanced technical or vocational education are prevented from doing so by the inadequacy of financial support. Typical scholarships and fellowships for college run to \$100 per year, including part-time work. Training allowances under FICA, Vocational Rehabilitation programs, etc., are inadequate in amount necessary for the student with family responsibilities and have all are inadequate in duration. It is time to help a qualified student go all the way through engineering school rather than short-circuiting him in a 9-month electrical training course.

To do that it is proposed that 20 or more fellowships be established annually for students of household income less than \$10,000 per year to take advanced technical or vocational training.

G. OTHER ENCOURAGEMENTS FOR TECHNICAL EDUCATION

The following agencies are recommended in addition to those discussed above: The Federal Reserve Bank, the levels of adult education, and various adult whose reading and writing skills are less than 5th grade, remedial courses for those with literacy more educational skills, and for courses -- and advanced courses for those who are involved in their job status or just learn for their own enrichment.

1. Provide income assistance and guaranteed annual income or other income approaches to adult education at all levels.

2. Develop a more community-oriented counseling and recruiting program for innermost adults and drop-outs in vocational and technical training similar to the Contra Costa United Adult Vocational Counseling Unit; provide follow-up guidance for all educational and age levels.

3. Provide a specialized center in neighborhood community buildings and in technical facility for adult education.

4. Provide room, board, and other enrichment in school and in neighborhood facility buildings.

H. DEVELOPMENT OF MEASURABLE GOALS AS PART OF DETAILING PROJECT DEVELOPMENT

Measurable five year goals are a requirement of the

Federal Government and are in the interest of the community. These are to insure improvement in Education for our children. However, at this time, our proposals relate to rather intangible goals. It is recommended that of both tangible and intangible items be ~~derived~~ after review and adoption of the overall program.

An example of a measurable goal might be: (1) to raise the performance level of the children in reading, writing and arithmetic to the city average.

Before testing for baselines and before determining precise goals and measurement procedures a hard look is needed at testing with special reference to making the testing relevant to experience. It is recommended that new tests be devised to show performance. For instance: reading and answering questions in written paragraphs as well as with multi-choice questions on appropriate material such as found in the North Richmond Neighborhood Courier-- arithmetic could be done on problems taken from the sports page and from figuring costs from ads for clothes. Both the Diagnostic Center and the Parent Advisory Councils should, in their own ways, help give a fresh look at testing. concern with testing in the schools goes beyond the matter of measuring Model Cities Program progress, but there is an obvious interrelationships here.

Other examples of measurable goals are: (1) to reduce drop out rates from x% to y%; (2) to increase college entrance from z% to w%, etc.

The school department is very short of staff which is free to do the kind of data gathering needed for long range planning. Support and continuation of the school's long range planning activities is needed. However, separate additional staff and money to set up suitable evaluation proceedings, keep records and analyze program progress is needed for the Model Cities Educational programs.

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Before testing for baseline and before developing precise goals and measuring progress, a baseline is needed. Starting with special reference to making the testing relevant to the program, it is recommended that new tests be designed to measure performance. For instance, reading and mathematics should be written paragraphs as well as math worksheets. The use of appropriate material such as the Richmond Neighborhood Council--

mathematics should be done on problems taken from the reports have and from living costs from ads for clothes. Both the Diagnostic Center and the Parent Advisory Councils should, in their own ways, help give a fresh look at testing. Concern with testing in the schools goes beyond the matter of measuring Model Cities program progress, but there is an obvious interrelationship here.

Other examples of measurable goals are: (1) to reduce drop out rates from 15% to 5% (2) to increase college entrance from 10% to 20%.

The school department is very short of staff which is free to do the kind of data gathering needed for long range planning. Support and continuation of the school's long range planning activities is needed. However, separate additional staff and money to set up suitable evaluation procedures, keep records and analyze program progress is needed for the Model Cities Educational programs.

6.3: STRATEGY AND PRIORITIES

A. Introduction: First Steps

The major emphasis in the first year of the Model Cities operation should be on changing school personnel attitudes toward children and children's attitudes towards their own abilities. In order to do this, it is recommended that:

1. A special demonstration with as many program approaches as can be utilized in the school to begin immediately at Nystrom School. Nystrom is proposed because the new principal is interested in this approach and because other assets, such as an available adjacent park space and a recreation program with sympathetic leadership, also exist. This comprehensive demonstration should include beginning changes in curriculum, enrichment program, personnel changes, teacher orientation and training, new teaching procedures, minor physical renovations, and a food supplement program. The key element is the addition of 20-25 new career positions as teacher aids, library aides, etc. (See attached project description.)
2. Orientation and enrichment programs, as proposed below, begin in all elementary school within the Model Neighborhood Area - combined with curriculum changes such as teaching minority group culture and with other changes that teachers, parents and administrators at individual schools are ready to make.
3. Existing out-of-school tutoring programs, including programs which use young people to tutor and assist other young people, be expanded.

At the same time that these experimental efforts are being carried on, the Model Cities program will work very closely with the school district on most effective use of existing classrooms. Model Cities will participate in figuring out how needed new facilities should be located so that new school buildings rise in central Richmond as well as in the outer suburbs. New ways to encourage rapid two-way integration must be developed. By the end of the first year, if not before, detailed plans for re-organization of grades by school and final

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decisions on new school buildings should in the main, be made so that by the second year construction can proceed.

It is recommended that two of the special service programs be started immediately: (1) the school based Health Programs for children and (2) the Learning Diagnostic Center. (See Health Proposal.)

B. Tentative Time Schedule

More detailed proposals on the order of program priorities will be developed for the first year program. In general, the following notes are intended to be a first rough draft before any cost figures are assigned. This is a trial run on figuring priorities within education.

TABLE SHOWING TENTATIVE TIME SCHEDULE

TIME	PROGRAMS
Immediately	-Comprehensive demonstration at Nystrom School Rennovations, enrichment, personnel changes, food supplements, etc. -Higher education stipends, Concentrated Employment Program
Year One	-Teacher-community orientation programs at each elementary school, followed by beginning changes in curriculum, new career positions, teaching procedures, enrichment programs and minor physical renovations. -Minority representation in top administration. -Planning for new school building and strip park and determining remodelling needs.

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Minority representation in top administration.	
Planning for new school building and strip park and determining remodeling needs.	

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TIME	PROGRAMS
Year One (Cont.)	-New study hall services. -Study of technical education programs and facilities. -Additional higher education stipends. -Drop-in adult education programs. -Develop programs for Learning Lab (Media Center) -Children's Museum and early childhood education program. -Incorporation of early childhood education in all child-care programs and expansion of existing programs. -Establish Evaluation Reporting and Control Procedures. -Food Supplements.
Year Two	-Promotions for school New Careerists. -New school construction in Iron Triangle. -Additional curriculum changes. -Review of personnel procedures and qualifications. -Expansion of early childhood programs and additional parent counselling.
Three thru Five	-Continue expansion of New Career line.

TIME	PROGRAM
Year One (Cont.)	-New study hall services. -Study of technical education programs and facilities. -Additional higher educational attendance. -Drop-in adult education programs. -Develop programs for learning lab (Media Center) -Children's museum and early childhood education program. -Incorporation of early childhood education in all child-care programs and expansion of existing programs. -Establish Evaluation Reporting and Control procedures. -Food supplements.
Year Two	-Promotions for school New Careerists. -New school connection in Iron Triangle. -Additional curriculum changes. -Review of personnel procedures and qualifications. -Expansion of early childhood programs and additional parent counseling.
Three thru Five	-Continue expansion of New Career line.

TIME	PROGRAMS
Three thru Five (Cont.)	-Insure that changes developed through Model Cities Program extend into the School System as a whole. -Program evaluation, following year three.

For a number of the items on the preceeding table, the translation from program approaches to action programs needs no explanation. In some cases however, a variety of program approaches are combined together into one action project.

Brief explanations are, therefore, provided below. Project descriptions are not yet available except for The Nystrom School Demonstration Project (attached).

1. Teacher-Community Orientation Programs at each school, followed by beginning changes, etc.

As quickly as possible, the same basic program recommended for Nystrom School should be instituted at each of the Elementary Schools. Bold experimental approaches to instituting the changes is proposed, for maximum effect. It is disirable that teachers, other school staff, children and parents all understand at once that a change of considerable magnitude is being instituted.

To make this point clear it is proposed that, at least at one school, there be a "Change-over-Demonstration", consisting of the following:

1. All teachers and school personnel including newly hired aides who are about to be added to the staff spend 1 to 2 weeks in an intensive in-service teacher-community orientation program during regular school hours.
2. All the children who would ordinarily be in school during this period should be taken on field trips. The staff to man these field trips would be borrowed

from resource teaching personnel, substitute teachers, school community aides from other schools etc. For the younger children, these "field-trips" will be during school hours only and might include simply holding special classes in neighborhood facility buildings instead of their own classroom some of the days. For the older children, it might include a week at an out-door education camp or a trip to another city.

One main purpose of such a "change-over" routine would be to assure that all teachers be available for re-orientation sessions. Some of these sessions should however, include students and parents. This same period should be used to do some physical renovation so the school would look improved. This might be a paint-up fix-up job, or new furniture, or merely plastering the walls with new pictures. Finally, a Parent Advisory council should be established and officially recognized in this period.

Whatever the form, the function of the "change-over-demonstration" would be:

1. to involve all the teachers, parents and children in re-orientation and
2. to dramatize the intention to change the old ways of doing things.

The form that the "change-over" will take is expected to vary from school to school and will be affected by:

- (1) the timing in relation to the school year and
- (2) the timing in relation to pupil and personnel shifts designed to carry out integration plans.

At any rate, it is recommended that within one year, all Model Neighborhood Area schools should have the following:

- (1) An intensive teacher-community orientation course for all staff*
- (2) Teacher-aides and other community based new careerists in all classrooms and appropriate functions.

*Appendix II -- describes a small proto-type project carried out in the summer of 1968.

from resource teaching personnel, substitute teachers, school community aides from other schools etc. For the younger children, these "field-trips" will be during school hours only and might include simply holding special classes in neighborhood facilities buildings instead of their own classroom some of the days. For the older children, it might include a week at an out-door education camp or a trip to another city.

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At any rate, it is recommended that within one year, all Model Neighborhood Area schools should have the following:

- (1) an intensive teacher-community orientation course for all teachers.
- (2) Teacher-aides and other community based new caretakers in all classrooms and appropriate functions.

- (3) New courses related to minority groups history culture and beginning changes in other curriculum.
- (4) Changes in teaching methods and administrative procedures.
- (5) A food supplement program.
- (6) Whatever minor physical repairs to buildings are needed to carry out these programs.

2. Minority Representation In Top Administration

In order to facilitate the introduction of Black and Spanish-speaking personnel into top administration, a special fund is requested to be used to pay for an administrator-in-training program so that for a couple of top-administrative jobs, there could be a year's overlap of jobs -- i.e., a new principal, supervisor or assistant superintendent working in tandem with a present staff member while learning the job. The concept is some what like having an "understudy". The Black or Mexican-American recruit for these positions would benefit from the overlap is frequently desired, but rarely possible in public administration tax-supported budgets.

3. Planning for new school buildings

Planning grants have been given to nearby school jurisdictions specifically Berkeley and San Jose to develop new facilities related to the need for compensatory education. Such a grant would enable Richmond to plan its facility needs properly. Model Cities and the School District both should participate actively in this planning operation.

4. New Study Hall Service

Study halls are or have been operated by various community organizations in the Model Neighborhood Area, both Community Action Program and volunteer agencies. Financial support for such programs is needed. This should include:

- (1) Funds for materials operation and supervision and funds specifically earmarked to pay high school and college student from the Model Neighborhood Area to tutor other students.

(3) New courses related to minority group history, culture and beginning changes in other curriculum.

(4) Changes in teaching methods and administrative procedures.

(5) A food supplement program.

(6) However minor physical repairs to buildings are needed to carry out these programs.

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- (1) Funds for materials operation and supervision and funds specifically earmarked to pay high school and college students from the Model Neighborhood Area to tutor other students.

5. Study of Technical Education Program and Facilities

A planning grant is needed to review the status of vocational and technical education; to determine precisely what is needed; and to plan the facility. The sponsor of this study would probably be the Richmond Unified School District but procedures will be needed to insure participation in the study by.

- (1) Model Neighborhood Area residents
- (2) Local business and industry
- (3) Contra Costa Junior College and
- (4) Manpower agencies.

6. Additional Higher Education Funds

A modest \$32,000 has been set aside from Concentrated Employment Program funding for higher education stipends. As noted in the program approaches, 50 slots at \$4,000 per year per slot would be a reasonable number. Administration of such a fund would have to be worked out. It should include participation by various agencies now concerned with the problem, especially the State Service Center.

7. Drop In Adult Education Programs

It is proposed that one or two empty stores in suitable locations be rented, fixed-up, and equipped with a variety of "teaching-machines" which can be used by adults who want to brush-up on basic skills such as reading, writing, math, etc. These drop-in schools should be manned afternoons, evenings and weekends by people from the neighborhood. These people will need to be trained in how to use the teaching devices but do not need to be certified teachers.

People should then be encouraged to come in "for free" to use the teaching machines. Volunteer tutors could also be based at these drop-in schools if it proves desirable.

8. Develop Program For A Learning Lab (Media Center)

The learning laboratory (also called variously learning center or Media Center is a supplemental education center featuring the very latest techniques and machines for use in instruction. The technology would be so enticing that re-

5. Study of Technical Education Program and Facilities

A planning grant is needed to review the status of vocational and technical education; to determine precisely what is needed and to plan the facility. The sponsor of this study would probably be the Richmond Unified School District. Procedures will be needed to insure participation in the study by:

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(2) Local business and industry

(3) Contra Costa Junior College and

(4) Employer agencies.

6. Additional Higher Education Funds

A modest \$12,000 has been set aside from concentrated Employment Program funds for higher education stipends. As noted in the program report, \$5,000 at \$4,000 per year per slot would be a reasonable figure. Administration of such a fund would have to be worked out. It should include participation by various agencies now concerned with the problem, especially the State Services Center.

7. Drop In Adult Education Programs

It is proposed that one or two drop-in centers be established in locations to be rented, fixed-up, and equipped with a variety of "teaching machines" which can be used by individuals or groups on a drop-in basis. Such as reading, arithmetic, etc. These drop-in schools should be manned by teachers, volunteers and weekend people from the neighborhood. These people will need to be trained in how to use the teaching devices but do not need to be certified teachers.

People should then be encouraged to come in "for free" to use the teaching machines. Volunteer tutors could also be based at these drop-in schools if it proves desirable.

8. Develop Program For a Learning Lab (Media Center)

The learning laboratory (also called variously learning center or Media Center is a supplemental education center featuring the very latest techniques and machines for use in instruction. The technology would be so enthralling that re-

medial education would almost seem to be a form of play, thus "reaching" the deficient child.

The learning center would cover the traditional functions of a school library, but it also would be an individual and small group study center, where audio-visual aide, including films, tapes, film-strips, flat pictures, recordings and television would be used. It would also provide individual study areas with tape recorders, small television sets and phonographs.

It should be open to teachers, parents and interested citizens; a place to browse and get ideas for improving education as well as for students.

9. Children's Museum and Early Childhood Education

This proposal calls for a historically interesting old building to be moved from the redevelopment area to a suitable location and remodelled for use as a museum featuring minority culture and a toy lending library.

It has considerable potential as a child development aid, and a high priority because it could be an attractive and highly visible activity to be started quickly and relatively inexpensively. (See Public Facilities Appendix)

10. Incorporation of Early Childhood Education In All Child-Care Programs and Expansion of Existing Programs

Incorporation of early childhood education in child-care programs will require:

- (1) Special training of child-care personnel.
- (2) Some equipment and materials for Kiddy-Korrols, mini-day care centers, etc.
- (3) Additional trained personnel to come in and provide enrichment activities at child-care centers for expansion of available nursery school programs.

See Child-Care Proposal under Social Services Program, Chapter 8. Section 8.4.

The present programs of the Child Development Group should be expanded.

medial education would almost seem to be a form of play,
thus "reaching" the deficient child.

The learning center would cover the traditional functions
of a school library, but it also would be an individual and
small group study center, where audio-visual aids, including
films, tapes, film strips, film cassettes, recordings and
television sets would be used. It would also provide individual
study areas with tape recordings, small television sets and
phonographs.

It should be open to teachers, parents and interested
citizens; a place to observe and get ideas for improving
education as well as for students.

9. Children's Museum and Early Childhood Education

This proposal calls for a historically interesting old
building to be moved from the redevelopment area to a suit-
able location and remodeled for use as a museum featuring
minority culture and a toy lending library.

It has considerable potential as a child development aid,
and a high priority because it could be an attractive and
highly visible activity to be started quickly and relatively
inexpensively. (See Public Facilities Appendix)

10. Incorporation of Early Childhood Education in All Child- Care Programs and Expansion of Existing Programs

Incorporation of early childhood education in child-care
programs will require:

- (1) Special training of child-care personnel.
- (2) Some equipment and materials for Noddy-Korrols, mini-
day care centers, etc.

- (3) Additional trained personnel to come in and provide
enrichment activities at child-care centers for expan-
sion of available nursery school programs.

See Child-Care Proposal under Social Services Pro-
gram, Chapter 5, Section 8.4.

The present programs of the Child Development Group
should be expanded.

11. Establish Evaluation, Reporting and Control Procedures

Because of the importance of proper reporting and evaluation to determine if the proposed approaches are bringing us toward our goals, funds should be requested for this specific purpose.

12. Food Supplement

Plans are being developed by the State Department of Education and additional work is being done at the national level by the department of Housing and Urban Development and the Department of Agriculture which we hope will provide a hot meal to each elementary school child in the Model Neighborhood Area free or at nominal cost by next February.

In addition to the 12 items noted above, planning will go on regarding all program approaches, under Model Cities auspices as well as in other places with the active participation of Model Neighborhood Area residents.

The items listed in the Chart past the first year are reasonably self explanatory. Since they depend on 1st year detailed planning, program elaboration does not appear in order at present, beyond the considerations spelled out in the next section relating to Financial and Institutional strategy.

C. FINANCIAL AND INSTITUTIONAL STRATEGY

One strategy outlined in these recommendations substitutes other dollars for the educational dollar, which is in short supply and rather rigid in regard to specific program rules. It is our recommendation that these substitutes be made wherever possible.

Examples of such substitutions are the use of the health aide program to assist children with practical problems of personal care, etc. If this program is funded by the Children's Bureau, it can assist at school as well as at home. It might be possible to free some Elementary Secondary Education Act (ESFA) Title I funds, now used to pay school nurses, to be used to buy curriculum materials. Other examples of such substitution of funds would be the use of new careers (Concentrated Employment Program) funds for teachers aides and to provide college stipends from CEP versital funds. Still another example might be the use of Neighborhood Facilities funds for special physical plant needs such as auditoriums or Art Centers.

II. Educational Evaluation, Reporting and Control Procedures

Because of the importance of proper reporting and evaluation to determine if the proposed approaches are achieving as toward our goals, funds should be requested for this specific purpose.

13. Fund Allocation

Plans are being developed by the State Department of Education and additional work is being done at the regional level in the Department of Housing and Urban Development and the Department of Agriculture which we hope will provide a not need to reach elementary school child in the Model Neighborhood project or at nominal cost by next February.

In addition to the 13 items noted above, planning will go on regarding all program approaches, under Model Cities services as well as in other places with the active participation of Model Neighborhood Area residents.

The items listed in the Chart past the first year are necessarily self explanatory. Since they depend on last year's detailed planning, program elaboration does not appear in order at present beyond the conditions spelled out in the next section relating to financial and institutional strategy.

C. FINANCIAL AND INSTITUTIONAL STRATEGY

One strategy outlined in these recommendations and estimates other dollars for the educational dollar, which is in short supply and rather rigid in regard to specific program rules. It is our recommendation that these estimates be made wherever possible.

Examples of such institutions and the use of the health aide program to assist children with physical problems of personal care, etc. If this program is funded by the Children's Bureau, it can assist at school as well as at home. It might be possible to free some elementary Secondary Education Act (SEA) Title I funds, now used to pay school nurses, to be used to buy curriculum materials. Other examples of such utilization of funds would be the use of new careers (Concentrated Employment Program) funds for teachers aides and to provide college students from CEP vocational funds. Still another example might be the use of Neighborhood Facilities funds for special physical plant needs such as audiotapes or first aid kits.

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Another major financial strategy is the use of dual program facilities wherever possible. An outstanding example of one program to cover several areas of need would be the Learning Diagnostic Center. It is designed to solve problems identified in relation to education, health and crime reduction. It could probably be built and operated with Mental Health Money.

Another strategy is to bring in non-federal funds when possible. For example, the community play centers, which are funded by the Rosenberg Foundation and operated by the People Pledged for Community Progress, will provide educational stimulation especially for young children. An effort will be made to persuade a major foundation to help fund the program which doubles education, conservation, recreation and housing in the Wildcat Creek-San Pablo Bay Development proposal discussed as part of North Richmond public facilities planning.

As far as style of work is concerned, it recommended that a great deal of freedom be given to individual schools to develop their own approaches. Experiments should be well publicized to parents and students. New approaches should be widely shared and carefully evaluated. Local residents, interested volunteers, and students should participate in developing and carrying out new programs. Above all, the Richmond Model Cities Program wishes to put education as one of its two highest priorities along with jobs. To do this, it will examine all programs in all fields to increase their potential for advancing educational achievement.

Appendix 6-1

NYSTROM DEMONSTRATION SCHOOL PROJECT

A. Objectives

This project is designed to improve the education of approximately 900 children living in the Richmond Model Neighborhood Area. These children attend Nystrom Elementary School.

Specifically, the project will provide the community assistance that is necessary to carry out the following program objectives.

- (1) To improve student self-image and academic achievement, particularly in reading.
- (2) To improve school-community relations and involvement
- (3) To improve student-teacher and parent-teacher relationships.
- (4) To improve student general health, including nutrition.
- (5) To improve student recreation and school pride.
- (6) To improve parent educational opportunities in the Model Neighborhood.

The realization of the previously mentioned objective will demonstrate to various agencies and individuals the following:

- (1) That the children in the Model Neighborhood can learn.
- (2) That the school must serve the community.
- (3) That success can only be obtained through adequate teaming of parents and school staff.
- (4) That the community member must be involved in decision making roles in the schools.
- (5) That Model Cities can play a vital role in the education of students in the Richmond Model Neighborhood.

B. PROGRAM APPROACHES

The following programs would operate at Nystrom in an attempt to meet the previously stated objectives.

Community-School Advisory Council

A community-school advisory council will be established and will be comprised of parents, students, and staff members. The membership would not exceed (15). All

members would be elected by staff and / or community members. Some of the duties and responsibilities of the council would be:

1. To assist the principal in staff selection.
2. To keep the principal advised of the feelings and concerns of the community and staff.
3. To assist the principal in establishing procedures and policies for the school.
4. To assist the principal in communicating and implementing new procedures and policies.
5. To assist the principal in development and achievement of objectives for the school.

New Careerists

Twenty-five new career positions would be provided to assist the present staff in carrying out the objectives of this project. Increased involvement of community people, improved student general health, improved student general health, improved student recreation, improved student self-image, and improved student achievement would be greatly enhanced by the employment of the new careerists.

The new careerists would be involved in the following employment areas:

- (1) Teacher aides
- (2) Nursing aides
- (3) Library aides
- (4) Community aides
- (5) Recreation aides
- (6) Secretarial aides
- (7) Counselor aides

The majority of the new careerists (approximately 15) would be employed and trained as classroom teacher aides.

Each of the new careerists would become an employee of the Richmond Unified School District. They would receive all employee benefits that are provided for any classified District employee. the careerists would work at Nystrom School for 5 or 6 hours per day and would be required to spend 2 or 3 hours per day at Contra Costa College taking course work pertinent to their area of training. \$408 per month would be paid for each aide during the first year of the program.

members would be elected by staff and / or community members. Some of the duties and responsibilities of the council would be:

1. To assist the principal in staff selection.
2. To keep the principal advised of the feelings and concerns of the community and staff.
3. To assist the principal in establishing procedures and policies for the school.
4. To assist the principal in communicating and implementing new procedures and policies.
5. To assist the principal in development and achievement of objectives for the school.

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The new careerists would be involved in the following employment areas:

- (1) Teacher aides
- (2) Learning aides
- (3) Library aides
- (4) Community aides
- (5) Recreation aides
- (6) Secretarial aides
- (7) Counselor aides

The majority of the new careerists (approximately 15) would be employed and trained as classroom teacher aides.

Each of the new careerists would become an employee of the Richmond Unified School District. They would receive all employee benefits that are provided for any classified district employee. The careerists would work at Westwood School for 5 or 6 hours per day and would be required to spend 2 or 3 hours per day at Contra Costa College taking course work pertinent to their area of training. \$408 per month would be paid for each aide during the first year of the program.

At the start of the second year, each aide would be advanced to the second level of trainee. Before his advancement he must demonstrate that he has satisfactorily completed one year as an aide and also completed 12 to 18 semester hours of course work at Contra Costa College. His pay would be raised to \$428 per month. His work and study schedule would remain the same during the second year.

The third year would pay a monthly salary of \$450 for all candidates who meet the advancement criteria to the assistant level. To become an assistant each candidate must have successfully completed 2 years in the program in a given area. He must have earned at least 24 to 36 semester hours of college credit.

Requirements

In order to be qualified for entry in the training program the candidates must meet the following basic criteria:

- (1) Be at least 18 years of age.
- (2) Be literate
- (3) Be committed to meeting the objectives of the program.
- (4) Be a resident of the Richmond Model Neighborhood Area.

Selection

The selection of participants would be made jointly by the Nystrom Community-School Advisory Council and the school principal.

Duties and Responsibilities

The program participants will be trained under the direct supervision of regular staff members who have been trained in their respective areas. The duties of the new careerists would increase each year during the three years of the program.

In-Service Training

Staff development or in-service training sessions would be held at the start of the program and throughout its operation.

Supervision

At the start of the second year, each side would be advanced to the second level of training. Before this advancement it was determined that he has completed only one year of the side and also completed 12 semester hours of college work at Santa Clara College. The new training would be 24 per month. His first year study schedule would remain the same during the second year.

The third year would pay a monthly salary of \$250 for all candidates who meet the advancement criteria to the assistant level. To become an assistant each candidate must have successfully completed 2 years in the program in a given area. He must have earned at least 24 to 36 semester hours of college credit.

Requirements

In order to be qualified for entry in the training program the candidates must meet the following basic criteria:

- (1) He at least 18 years of age.
- (2) Be literate
- (3) Be committed to meeting the objectives of the program.
- (4) Be a resident of the Richmond Model Neighborhood Area.

Selection

The selection of participants would be made jointly by the Huston Community-School Advisory Council and the school principal.

Duties and Responsibilities

The program participants will be trained under the direct supervision of regular staff members who have been trained in their respective areas. The duties of the new recruits would increase each year during the three years of the program.

In-Service Training

Staff development or in-service training sessions would be held at the start of the program and throughout its operation.

Supervision

The Richmond Unified School District would provide an additional full-time employee to the Nystrom staff for the necessary supervision and coordination. This person will be a resource teacher or an administrative assistant.

Instructional Materials, Field Trips, and Program Supplies

Additional monies would be allocated to the demonstration School for purchasing and developing instructional programs that emphasize the contributions of "Black" and "Brown" Americans. An extensive allotment would be made to finance educational excursions and to pay for costs connected with building cultural program.

Travel

A small budget would be provided for use by the Nystrom Community-School Advisory Council or staff members. The purpose of this fund would be to provide the vehicle for the inclusion of the latest in educational innovation to be observed by members of this project. The Advisory Committee will have to approve all travel expenses with the principal's recommendations.

Consultants and Speakers

A fund would be established to bring to the Demonstration School consultants and/ or speakers to address the staff and/ or community members. The Nystrom Community Staff Advisory Council would have to approve all fees paid with the recommendation of the principal.

Hot Meal

A daily hot lunch and/ or breakfast would be provided for all students attending the Demonstration School. There would be no charge for the meal. The food service aides would be involved in this activity.

Physical Plant

Nystrom School should undergo an interior and exterior "face lifting" to advertise it as a changed educational institution. It should be painted completely inside and out. New lighting should be installed in the corridors. Provisions should be made to alter the building to accommodate the additional staff and to make possible instructional innovation. Many structural improvements should be made inside and out. Plants should be planted

outside to improve the grounds.

It should be noted that this is a project to improve the education of Nystrom students. The resources provided herein are in addition to those provided by the Richmond Unified School District. Under no circumstances is the District to reduce or cutback any services to Nystrom School whether contained in this proposal or not. Further, should additional funds become available, the District is to allocate to Nystrom as they would other comparable schools within the District. The provisions of this clause apply to regular District funds and those available under special State and Federal projects, such as E.S.E.A. Title I.

1. For each year.
 2. For teacher in terms of workload of students and, therefore, willingness to remain in this assignment.
 3. Holding of experienced teachers against better wages in poor schools.
 4. Attitudes most important.
 5. Many other teachers would be reluctant and, therefore, unwilling to be assigned to schools where the work is difficult and the pay is low.
 6. The teachers could be dealt with.
 7. Energy and enthusiasm developed to meet the challenge of the difficult.
 8. Special efforts to provide training and education.
 9. Continuation of group as "special".
 10. Commitment of district to support in materials, physical plant, and special problem-solving support.
 11. Unconditional confidence and support resulting from favorable school-community relationships.
- II. PLAN - - CONCLUSIONS
1. Recognizing that Model Cities requires
 2. Development and execution of training by A.S.E., S.E.T.V., school-community workers, and school parents.

Appendix 6-2

TEACHER-COMMUNITY ORIENTATION PROGRAM

UNDER THE DIRECTION OF

SCHOOL-COMMUNITY WORKERS ASSOCIATION

A S S O C I A T I O N O F R I C H M O N D E D U C A T O R S

CONTRA COSTA FEDERATION OF TEACHERS

A. THE BASIC PROGRAM

I. PREFACE-RATIONALE

- A. Staffing of disadvantaged area schools with a pre-dominance of new teachers a poor practice
 - 1. For pupils
 - 2. For teacher in terms of likelihood of success and, therefore, willingness to remain in this assignment
- B. Moving of experienced teachers against their wishes a poor practice
 - 1. Attitudes most important
 - 2. Many older teachers would be reluctant and, therefore, inefficient if required to undertake the more difficult job in the Model Neighborhood Area schools.
- C. New teachers could be best with
 - 1. Energy and enthusiasm developed to meet the challenge of the difficult
 - 2. Special education in problem solving and adaptation
 - 3. Continuation of group as "special"
 - 4. Commitment of district to support in materials, physical plant, and special problem-solving support
 - 5. Reciprocal confidence and support resulting from favorable school-community relationships

II. PLAN - - GENERAL

- A. Sponsorship under Model Cities auspices
- B. Development and direction of training by A.R.E., C.C.F.T., school-community workers, and selected parents

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- C. Trainees invited by use of district list of assignees
- D. Add from teachers now in schools, if necessary, to reach allotted number
- E. Pay planners and participants at same daily rate
- F. Publicize and make training a "status achievement"

III. PERSONNEL

- A. Develop in groups of 25 students, 2 teachers, 2 school-community workers, 2 parents.
- B. Recruiting of teachers in following order of preference:
 - 1. New teachers in MNA schools
 - 2. Teachers from schools to which MNA pupils will be bussed.
 - 3. Teachers newly assigned to MNA schools
 - 4. Other teachers in MNA schools
- C. Plan flexibility in terms of specific schools

IV. TRAINING OUTLINE

- A. Socio-economic-geographic orientation
 - 1. District
 - 2. Assigned school
 - 3. Individual assignment
- B. Relationships - Attitudes
 - 1. Empathy and understanding of minority attitudes
 - 2. Meeting with parents
 - 3. Contact with children
 - 4. With community, not For
 - 5. Expectations
 - 6. Frustration without despair
- C. Teaching
 - 1. Grading
 - 2. Planning
 - 3. How to give tests
 - 4. Working amid confusion
 - 5. Settling activities
 - 6. Ways to discipline
 - 7. Emergencies
 - 8. Teaching slow learner-- underachiever--poorly motivated

- C. Trainees invited by use of district list of assignees
- D. Add from teachers new in schools, if necessary, to reach allotted number
- E. Pay planners and participants at same daily rate
- F. Publicize and make training a "status achievement"

III. PERSONNEL

- A. Develop in groups of 25 students, 2 teachers, 2 school-community workers, 2 parents.
- B. Recruiting of teachers in following order of preference:
 - 1. New teachers in WMA schools
 - 2. Teachers from schools to which WMA pupils will be bused.
 - 3. Teachers newly assigned to WMA schools
 - 4. Other teachers in WMA schools
- C. Plan flexibility in terms of specific schools

IV. TRAINING OUTLINE

- A. Socio-economic-geographic orientation
 - 1. District
 - 2. Assigned school
 - 3. Individual assignment
- B. Relationships - Attitudes
 - 1. Empathy and understanding of minority attitudes
 - 2. Meeting with parents
 - 3. Contact with children
 - 4. With community, not for
 - 5. Expectations
 - 6. Frustration without despair
- C. Teaching
 - 1. Grading
 - 2. Planning
 - 3. How to give tests
 - 4. Working with confusion
 - 5. Setting activities
 - 6. Ways to discipline
 - 7. Emergencies
 - 8. Teaching slow learner--underachiever-poorly motivated

9. Gearing material and methods to class

- D. Continuation during year
1. Reassembly and reassessment
2. Experience comparisons

E. Dates for first session - August 5-16th, 1968.

V. FINANCING

- A. Space - by district?
B. Per diem for students
10 days @ \$25 X 25 students..... \$ 6,250
C. Staff - 6X \$500..... 3,000
D. Intergroup training trip or conference..... + 500
E. Clerical, telephone, supplies
and study materials..... 250
\$10,000

B. FEEDBACK FROM NYSTROM SUMMER WORKSHOP

1. Community People "Tell It Like It is"
To Elementary School Teachers

Teacher-Community Orientation Workshop, Aug. 5-15, at Nystrom School Evaluation by Participating Teachers, Aug. 15, 1968.

Immediately after completion of the Teacher-Community Orientation Workshop, the participating teachers were requested to evaluate the experience by responding to a questionnaire. The questionnaire was drawn up by Model Cities staff, in conjunction with the Workshop, on the effectiveness, strengths and weaknesses of the Workshop. The results should be especially useful to the organizers of future teacher-community orientations.

Nineteen of the twenty-five participating teachers responded (76%). A majority of the teachers were young white women with short-term (0-5 years) teaching experience and most of them were new to the Richmond Unified School District "target area" schools.

According to the evaluations, the teachers finished the Workshop feeling they had gained an understanding of the community they would be working in. They also gained a new perspective of themselves in relation to the community.

The teachers unanimously recommended that more workshops of this kind be run and that all teachers in the area attend. There were suggestions that more older and experienced teachers participate and that more men and more Black teachers be involved.

The duration of the Workshop (2 weeks) was considered "appropriate" by almost all of the participants, although there was some criticism of how time in particular sessions could best be spent. Many of the teachers recommended spending more time in small discussion groups of about six people. The total group size of 25 was considered appropriate.

Understanding Increases Despite Militance

Most of the teachers reported feeling encouraged by the Workshop experience, some to the point of feeling "rededicated". But several (4) were discouraged by the militance of the community.

FEEDBACK FROM NORTON SUMMER WORKSHOP

I. Community People's Self-Image in the
To Elementary School Teachers

Teacher-Community Orientation Workshop, Aug. 5-15, at Norton
School Evaluation by Participants and Teachers, Aug. 15, 1968.

Immediately after completion of the Teacher-Community Orientation
Workshop, the participating teachers were requested to
evaluate the experience by responding to a questionnaire. The
questionnaire was drawn up by Model Cities staff, in conjunction
with the Workshop, on the effectiveness, strengths and weak-
nesses of the Workshop. The results should be especially use-
ful to the organizers of future teacher-community orientations.

Nineteen of the twenty-five participating teachers responded
(1968). A majority of the teachers were young white women
with short-term (3-5 years) teaching experience and most of
them were new to the Richmond Unified School District "target
area" schools.

According to the evaluations, the teachers finished the work-
shop feeling they had gained an understanding of the community
they would be working in. They also gained a new perspective
of themselves in relation to the community.

The teachers unanimously recommended that more workshops of
this kind be run and that all teachers in the area attend.
There were suggestions that more older and experienced teachers
participate and that more men and more black teachers be
involved.

The duration of the Workshop (2 weeks) was considered "ap-
propriate" by almost all of the participants, although there
was some criticism of how time in particular sessions could
best be spent. Many of the teachers recommended spending
more time in small discussion groups of about six people. The
total group size of 25 was considered appropriate.

Understanding Increases Despite Mistrust

Most of the teachers reported feeling encouraged by the work-
shop experience, some to the point of feeling "reeducated".
But several (4) were discouraged by the mistrust of the
community.

Clearly, the mood of the community and the expectations of parents made strong impressions on the teachers. Typical, were these responses:

- "I have a better understanding of the desires and educational goals that the New Black Community has for their children."
- "At times I felt threatened by the community people."
- "I feel very humble new as far as to what is expected of me in teaching Black Children."
- "It has made me more sure I will have to take a stand and fight for change."

All of the teachers were impressed by the need to have high expectations for the children, that the children "can learn" and that their parents "do care." Several teachers newly realized the extent they would have to "prove" themselves to parents long used to shoddy treatment by school personnel.

Utility of Sessions Anticipated

The Workshop served utilitarian purposes. All of the teachers reported that the sessions made them aware of more literature and materials dealing with Black culture and history than they had previously known about. Many responded that they intended to emphasize such subjects more strongly than they had previously anticipated doing. Several teachers felt they had gained a better perspective on the use of discipline in the classroom. Many of the teachers had been previously unfamiliar with the roles of community workers and teacher aides.

Considering the speeches and discussions with parents, community workers, teacher aides and teachers experienced in the target area schools, a majority of the teachers responded "yes" to the statement: "I have grown in my understanding of their different point of view;" and "I am apt to be more at ease in relating to them and more effective in dealing with the problems of children in my classes than I would have been otherwise." Only two teachers anticipated becoming "more reserved" in their relationships with community people in schools.

The teachers listed certain specific changes they would anticipate making in their practices in the fall as a result of the Workshop experience. These included:

- "Stressing Black culture, history and awareness."
- "Taking the language of Blacks."
- "Talking more time to know students and parents at the start of the year."
- "Going into the community."
- "Putting on non-verbal sensitivity training with the kids."

Strengths and Weaknesses Evaluated

Commenting on sessions they found most and least worthwhile, the teachers repeatedly listed as "most worthwhile": the speakers especially the parents, the small group discussions and the sensitivity training. The sessions with Mr. Gray, Mr. Lewis and Richard Mitchell and Karen Deville were particularly singled out. Several mentions were made of the role playing as valuable.

A few respondents did not consider any sessions worthwhile. These teachers were highly critical of the tutoring session and indicated that it was a waste of time, others felt that the children did benefit from the attention, but that the experience was not particularly enriching or revealing for the teachers. Except for this criticism, most teachers felt that the varied sessions made up a well-rounded package.

The sensitivity training was severely criticized by some teachers who reacted against the "non-professional" way it was carried on and the "harmful" effects on certain personalities. The total group discussion sessions were criticized by these same teachers for discouraging individual expression.

Asked to comment on what they considered to be the "greatest overall strength" of the Workshop, the teachers singled out: the speakers, the presentation of community attitudes, the presentation of sources of Black cultural materials, the discussions in small groups, the sensitivity training, the community workers staff organization of the program, the open talk and the showing of Black concern and dedication in education.

Considering the "greatest overall weakness" of the Workshop, the teachers singled out: the lack of discussion time following speakers, the slow movement of early sessions, the sensitivity training, the tutoring sessions and the lack of emphasis on the viewpoints of non-community school personnel.

- "Stressing black culture, history and awareness."
- "Teaching the language of blacks."
- "Talking more time to know students and parents at the start of the year."
- "Going into the community."
- "Putting on non-verbal sensitivity training with the kids."

Strengths and Weaknesses Evaluated

Comments on sessions were found most and least worthwhile. The teachers repeatedly listed as "most worthwhile": the speakers especially the small group discussions and the sensitivity training. The sessions with Mr. Gray, Mr. Lewis and Richard Mitchell and Karen Deville were particularly singled out. Several sessions were made of the role playing as valuable.

A few respondents did not consider any sessions worthwhile. These respondents were highly critical of the second session and indicated that it was a waste of time. Others felt that the children did benefit from the attention, but that the experience was not particularly enriching or revealing for the teachers. Except for this criticism, most teachers felt that the varied sessions made up a well-rounded package.

The sensitivity training was severely criticized by some teachers who reacted against the "unprofessional" way it was carried on and the "partial" effects on certain persons. The total group discussion sessions were criticized by these same teachers for discouraging individual expression.

Asked to comment on what they considered to be the "greatest overall strength" of the Workshop, the teachers singled out: the speakers, the presentation of community attitudes, the presentation of sources of black cultural materials, the discussions in small groups, the sensitivity training, the community workers staff organization of the program, the open talk and the showing of black concern and dedication in education.

Considering the "greatest overall weakness" of the Workshop, the teachers singled out: the lack of discussion time following speakers, the slow movement of early sessions, the sensitivity training, the tutoring sessions and the lack of emphasis on the viewpoints of non-community school personnel.

The Workshop as a whole, was criticized by some teachers who felt that it stifled free expression and created fear in participating teachers. This impression was based on their reaction that many of the Black people were "hyper-critical" of the Whites and some teachers were "abused and intimidated."

Although many of the teachers expressed a desire to see "a less violent coming together," the predominant response was that the teachers felt better off for having been confronted with the "real mood" of the community and with their own sensitivities in the school-community setting. They would encourage more Workshops to "tell it like it is" to both new and experienced teachers.

To complete evaluation of the Workshop, it is suggested that:

1. Members of the Workshop organizing committee be contacted and questioned as to their evaluations of the overall success of the orientation, the effectiveness of particular sessions, changes in the temper and responses of group participants (both teacher and community people) during the Workshop and recommendations for future programs.
2. The participating teachers be contacted one to two months after beginning work to assess the short-run real utility of the Workshop. At that time, community personnel in the schools and principals or teacher supervisors should also be contacted for comments.
3. Additional Evaluation Note

In mid-October , 15 of the 25 teachers met to continue the orientation process. More of the teachers wanted to come but were unable to come that day.

Mrs. Henrietta Scott, school community worker who is chairman of this program, reported that she and the teachers feel that the summer training was invaluable. One of the teachers put it this way, "I don't believe I would have managed to stick through the first week without it."

As an independent observation, one of the school-community workers who had not been involved reported a distinct change in the learning atmosphere at his school which he attributed in substantial part to the teacher-orientation.

He noted specifically that not only were new teachers but some of the experienced teachers who took part in the community orientation training were doing a better job with the children. He also added that it would be most helpful if administrative personnel were included in the orientation.

As an independent observation, one of the school-community workers who had not been involved reported a distinct change in the learning atmosphere at this school which he attributed in substantial part to the teachers' orientation. He noted specifically that not only were new teachers but some of the experienced teachers who took part in the community orientation training were doing a better job with the children. He also added that it would be most helpful if administrative personnel were included in the orientation.

4. SUMMARY EVALUATION

Teacher-Community Orientation Workshop August 5-21, 1968

	YES	NO	NO COMMENTS
Rating of Workshop Sessions - Was it helpful?	20		2
Rating of special materials and teaching techniques - Was it useful?	19	1	2
Rating of Workshop: did it increase your understanding of people you will be dealing with?			
a. Children	a 22		b 3 c3
b. Parents	b 19 c 19		d 6 e8
c. Community workers	d 16 e 14		f 9
d. Teacher-aids	f 13		
e. Other teachers			
f. Administrators			
Rating of Workshop experience: Do you anticipate making changes in teaching practices this fall?	20	1	1
Did you gain working with the children?			
b. Did the children gain?	a 20		a 2
	b 19		b 3
Rating of Workshop Sensitivity Training, was it meaningful?	18	2	2
Rating of resource speakers, were they helpful?	22		
Rating of teachers participating: (25) Was number appropriate?	19	1	2

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Rating of composition of the participating teachers, Was composition appropriate?

b. Would you recommend a different group for future Workshops?

Rating of Workshop - Was it worthwhile?

Rating of Workshop - Would you recommend different ind of sessions?

Do you think the period of the Workshop adequate?

a. Were you generally encouraged by the experiences in the Workshop

b. Were you discouraged?

Would you recommend a Workshop of this kind to another teacher?

Do you think all new teachers should have similar kind of Workshop?

Did you know the purpose of the Workshop?

YES	NO	NO COMMENTS
a 14	a 6	2
b 15	b 5	2
22		
3	19	
19		3
a. 20		a. 2
b. 4	b. 17	b. 1
20		2
20		2
19	1	2

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- B. EDUCATIONAL SERVICES RELATING TO THE MODEL NEIGHBORHOOD AREA

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2. Early Childhood Education
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7.1 EXISTING CONDITIONS

INTRODUCTION

Dissatisfaction with health services is widespread in the Model Neighborhood Area. Complaints are easy to determine. Waiting time at clinics; difficulty of using MediCal cards to go to private doctors because of restrictions or drugs; trouble getting to the doctor; trouble paying for the doctor -- those are the patients' complaints. Doctors, nurses and hospital administrators want to know why patients come in the evening instead of the daytime, why "they don't understand instructions better ...", why they came with trifling complaints; why don't they come before they are so seriously ill?

There is general feeling that the health of the residents of the MNA is not as good as that of residents elsewhere in Richmond, but dramatic statistics are hard to come by.

Backaches, not plagues, -- poor teeth, not typhoid. Measurement of conditions and definition of problems are not easy in such a situation.

The Richmond Model Cities Health Services Committee has sought to determine, as well as possible:

- (1) What facilities and services exist in the area;
- (2) How the residents perceive their health problems;
- (3) What the existing level of health is as measured by infant mortality and similar indices, and how the population characteristics may affect health service need.

These are discussed in Sections B, C, and D below.

From this study, problems and goals have been identified and a program approach derived. A large element in this program approach is the refinement of problem analysis - the better measurement of needs - through programs which simultaneously provide assistance to individuals with health problems and provide improved data for determining the kinds of revised and expanded programs which can most effectively improve residents' health.

A. EXISTING FACILITIES AND SERVICES

A survey of existing health services revealed that all necessary treatment, preventive and paramedical services are available within 18 miles. Therefore it is difficult to point out a specific medical need that must be met. The problem with the current health services is in the area of negative attitudes and inefficient delivery of medical services. Medicine has progressed in the areas of treatment and prevention at an amazing rate in the last 20 years. It is practically easier to obtain a heart transplant than an eye appointment at a local clinic.

There has been growing discussion about credibility gaps, generation gaps, and other gaps in understanding. The largest by far and most important to resolve is the gap between black and white and between the "average" person and the disadvantaged. Medical services have all but ignored this problem and what attempts have been made can be classified as token gestures. MediCal was an attempt to get the poor into mainstream medicine. Eight-day hospital limitations and drug formulas limiting the number of prescribed drugs hinder the effectiveness of this program. MediCal patients attempting to crash into the mainstream find many times they must confront racist attitudes on the part of medical personnel. The private medical system belittled the self-dignity of the blacks, Mexican-Americans and other minorities just as the county medical institutions had previously.

The lack of understanding between the receptionist with the cream puff hair-do and the Black AFDC mother is practically unbridgeable. The AFDC mother cannot do all the understanding for both parties. The receptionist has everything on her side, from the appointment book to the conviction that she is the "proper norm". The consumer is at the mercy of the vendor in these confrontations throughout treatment. It is encouraging that some medical institutions have begun to recognize this problem. What is needed are new approaches in the delivery of individual services to the poor. The low-income consumer must be provided the means to deal with racism and abuse. This means in ways other than remaining silent or seeing a low-level administrator.

Services presently are arranged for the quiet, complacent and dependent patients. Just as you drive a car into a service station and it passively sits there while people poke, inject, and scrub it, the modern patient receiving treatment is expected to be as submissive. Hospitals are arranged for the convenience of the health professional. They decide where to put them, how to structure them, and who will be hired. The patient is not consulted -- especially the low-income

person. None of the present Richmond facilities are readily available to the Model Cities residents for a variety of reasons, not the least being the lack of adequate public transportation and the fact that regular public transportation is rarely suitable transportation for someone who needs to see a doctor. When a poor person is sick and needs to get to a medical facility, he faces a barrage of obstacles, from transportation and babysitting problems to financial limitations for drugs and care. In spite of all these handicaps, the facts show that the low income residents are seeking and receiving medical treatment.

1. Review of Services and Personnel in Existing Facilities

The following description of services and personnel in existing facilities was based on a questionnaire and interviews conducted in the spring of 1968 by Model Cities staff.

Brookside Hospital

Located on Vale Road just outside the Richmond City limits in San Pablo, this is a private non-profit district hospital supported through various sources including Federal, State and local revenues. Surrounding this 246-bed acute care facility are numerous private physicians. The primary medical services met by this facility are medical, surgical, pediatric, and maternity care. The major illness exclusions are in the areas of communicable diseases and psychiatric care.

The ancillary services are complete for a general hospital: physical therapy, occupational therapy, x-ray, laboratory services, a dietician, dental services and a county social worker are available. This facility offers the most complete emergency care to Model Cities residents. Other facilities offering emergency care lack surgical facilities, maternity care, or pediatric in-patient services. The exception to this is the county hospital located 18 miles away in Martinez. The services at the county hospital are more extensive than those available at Brookside. Major shortcomings at Brookside are in the area of outpatient services which are provided on a referral basis. The private physician must arrange for the use of the facility. Drop-in clinics are not available. This hospital is not easily accessible to Model Cities residents because public transportation is incomplete.

The hospital plans to expand its ancillary services and surgical services as soon as money is available. Long-term future plans are for expansion of 200 beds to include long-term care and psychiatric care.

Under construction at this time is a cobalt diagnostic unit and a bed coronary care unit.

The hospital administration feels money is the primary obstacle for fuller utilization of this facility by the Model Neighborhood Area residents. The medical director of Brookside Hospital is Richard Rihn, M.D. He is an active participant in the Model Cities Health Service Committee. There are currently 250 physicians on the staff with 112 regular active members. Of this number, 8 are Black. The administrator is Mr. George Wacker. The assistant administrator is Black. There are a total of 698 employees. Other departments where Black people are employed are purchasing, public information, medical records, physical therapy, nursing, laboratory, x-ray, housekeeping, and laundry services. The average daily census is 206 patients.

Contra Costa County Hospital - Martinez

The county hospital is located 18 miles away in Martinez. The county also operates an out-patient clinic on 8th Street in the Model Cities area. This clinic is to be moved 30 blocks farther away from the Model Cities residents to a county building on 37th Street.

The county hospital at Martinez is a 360-bed facility with a daily census of 280. The in-patient bed facilities include 112 medical-surgical beds, 28 pediatric, 23 maternity, 82 psychiatric, 12 communicable disease, 40 long-term care, 42 rehabilitation and 21 T.B. beds. the facility offers all general hospital ancillary services on an in-patient and out-patient basis.

Primary obstacles to better utilization according to George Degnan, M.D., Medical Director of the county medical services are the fact that residents are working or seeking employment during the hours when clinics are open, and problems related to child care. Information regarding possible future service expansion is not available at this time. There is considerable confusion on the part of Model Neighborhood Area residents as to the services available and hours of operation of the out-patient clinic. Emergency care provided in Richmond by the county is through the 8th Street clinic or Kaiser Hospital. There are billing problems and confusion on the part of the residents when which facility should be used. This is due in part to the fact that Kaiser facilities will not take "county" patients when 8th Street is open.

Under construction at this time is a cobalt diagnostic unit and a bed coronary care unit.

The hospital administration feels money is the primary obstacle for further utilization of this facility by the Model Neighborhood Area residents. The medical director of Brookside Hospital is Richard Riba, M.D. He is an active participant in the Model Cities Health Service Committee. There are currently 250 physicians on the staff with 115 regular active members. Of this number, 8 are Black. The administrator is Dr. George Wacker. The assistant administrator is Black. There are a total of 688 employees. Other departments where Black people are employed are purchasing, public information, medical records, physical therapy, nursing, laboratory, x-ray, housekeeping, and laundry services. The average daily census is 206 patients.

Contra Costa County Hospital - Martinez

The county hospital is located 18 miles away in Martinez. The county also operates an out-patient clinic on 8th Street in the Model Cities area. This clinic is to be moved 30 blocks farther away from the Model Cities residents to a county building on 37th Street.

The county hospital at Martinez is a 350-bed facility with a daily census of 280. The in-patient bed facilities include 112 medical-surgical beds, 28 pediatric, 25 maternity, 83 psychiatric, 12 communicable disease, 40 long-term care, 42 rehabilitation and 21 E.R. beds. The facility offers all general hospital ancillary services on an in-patient and out-patient basis.

Primary obstacles to better utilization according to George Beggs, M.D., Medical Director of the county medical services are the fact that residents are working or seeking employment during the hours when clinics are open, and problems related to child care. Information regarding possible future service expansion is not available at this time. There is considerable confusion on the part of Model Neighborhood Area residents as to the services available and hours of operation of the out-patient clinic. Emergency care provided in Richmond by the county is through the 8th Street clinic or Kaiser Hospital. There are billing problems and confusion on the part of the residents when which facility should be used. This is due in part to the fact that Kaiser facilities will not take "county" patients when 8th Street is open.

Dr. Degnan hopes to have the new county facility on 37th Street open on a 24-hour-a-day basis in the future. The county Medical Director is also asking for a transportation service to the new facility.

Doctors' Hospital of Pinole

This is a 145 acute and ECF bed facility located 8 miles north of Richmond. It offers medical, surgical, pediatric, long-term care and a 36-bed ECF unit. The major illness exclusions are maternity, communicable diseases and psychiatric services. This is a proprietary hospital with an average daily census of 100. This hospital opened in June 1967. The in-patient services include physical therapy, diagnostic x-ray, laboratory, dietician, general and oral surgery. The emergency room is open round the clock, seven days a week with a physician in residence nights and Sundays and "on call" all other hours. Services are available to out-patients only when arranged by a private physician in advance or through the emergency room.

The administrator is Mr. W. Travis Wilson. There are 176 employees and 187 M.D.'s on the staff. Forty of these physicians own the facility. There are 15 Negro, 8 Oriental, and 7 Spanish-speaking physicians on the staff.

All financial records are private and financial information is kept out of the medical record. Staff feels all patients are private and all are treated as paying consumers.

The facility does not plan to expand at this time or in the near future. This is a profit-making venture and will expand when services are needed.

Kaiser Foundation Hospital at Richmond

This 58-bed Kaiser facility is located in the Model Neighborhood Area. The hospital is licensed for 86 beds, but out-patient services have expanded into this in-patient space. The facility is tied closely with the in-patient services offered at Kaiser/Oakland and many patients utilize both facilities. There are 46 medical and post-surgical beds and 12 psychiatric beds at the Richmond location (no pediatric or maternity).

All in-patient services are available to plan members, either at Oakland or Richmond. The out-patient services are exceptionally complete and operate generally from 9:00 - 5:30 Monday through Friday. On Saturday there are medical and pediatric clinics from 9:00 to 1:30. In addition, a pediatric drop-in clinic is held all day Saturday. On Sunday the hospital is only open for emergency care. The county has a contract

Dr. Deegan hopes to have the new county facility on 37th Street open on a 24-hour-a-day basis in the future. The county Medical Director is also making for a transportation service to the new facility.

Doctors' Hospital of Pinole

This is a 105 acute and 200 bed facility located 8 miles north of Richmond. It offers medical, surgical, pediatric, long-term care and a 30-bed ECT unit. The major illness ailments are maternity, communicable diseases and psychiatric services. This is a proprietary hospital with an average daily census of 100. This hospital opened in June 1967. The in-patient services include physical therapy, diagnostic x-ray, laboratory, dietitian, general and oral surgery. The emergency room is open round the clock, seven days a week with a physician in residence nights and Sundays and "on call" all other hours. Services are available to out-patients only when arranged by a private physician in advance or through the emergency room.

The administrator is Mr. W. Travis Wilson. There are 120 employees and 107 M.D.'s on the staff. Forty of these physicians own the facility. There are 12 Negro, 8 Oriental, and 7 Spanish-speaking physicians on the staff.

All financial records are private and financial information is kept out of the medical record. Staff feels all patients are private and all are treated as paying consumers.

The facility does not plan to expand at this time or in the near future. This is a profit-making venture and will expand when services are needed.

Kaiser Foundation Hospital at Richmond

This 58-bed Kaiser facility is located in the Model City-Berkeley area. The hospital is licensed for 85 beds, but out-patient services have expanded into this in-patient space. The facility is tied closely with the in-patient services offered at Kaiser/Oakland and many patients utilize both facilities. There are 45 medical and post-surgical beds and 12 psychiatric beds at the Richmond location (no pediatric or maternity).

All in-patient services are available to plan members, either at Oakland or Richmond. The out-patient services are exceptionally complete and operate generally from 9:00 - 5:30 Monday through Friday. On Saturday there are medical and pediatric clinics from 9:00 to 1:30. In addition, a pediatric group is clinic is held all day Saturday. On Sunday the hospital is only open for emergency care. The county has a contract

for emergency care with them. The facility can only provide minor surgery; all other must be transferred to other hospitals. There is considerable confusion as to billing procedures and eligibility on the part of the residents. Kaiser has generated some unfavorable community relations because of this lack of communication with residents as to when services are available on the county contract.

Dr. Frederick Geier is the Medical Director. Mr. Jack Kympton is the administrator. There are 150 employees and 35 full-time medical doctors. The medical staff includes 6 Negro, 3 Latin, and 5 Oriental physicians.

The facility is expanding with a new clinic building to include more room for all clinics, including pediatrics, dermatology, and psychiatric clinics. The pharmacy is also expanding. There are approximately 12,000 out-patient visits per month (1800 emergencies). Of this total only 7% are from the Model Neighborhood Area. Only 4.5% of the area residents use the in-patient facilities.

The primary obstacles to full utilization, according to the administrator, involve plan membership, transportation, and education as to how to utilize the services properly. MediCal patients are eligible for care, but thus far have underutilized the facility. Kaiser is currently working with People Pledged for Community Progress, and together they are developing an in-service training program focused around problems of communicating with the minority community. Dr. Geier and Mr. Kympton have shown great interest in the Model Cities Program.

The future plans of the facility include construction of a new general hospital in Richmond. The emphasis will be on out-patient services, with a possible 100 in-patient beds.

The daily average census of the current facility is 30 patients.

Richmond Hospital Association

This is a 99-bed non-profit acute care facility located at 23rd Street and Gaynor. The services include medical-surgical, pediatric, and maternity care. The average daily census is around 70 patients per day. In-patient services include physical therapy, x-ray, laboratory, dietician, surgery, and non-emergency dental care. Emergency and out-patient service is by

for emergency care with them. The facility can only provide minor surgery; all other must be transferred to other hospitals. There is considerable confusion as to billing procedures and eligibility on the part of the residents. Kaiser has generated some unfavorable community relations because of this lack of communication with residents as to when services are available on the county contract.

Dr. Frederick Geier is the Medical Director. Mr. Jack Kympton is the administrator. There are 150 employees and 75 full-time medical doctors. The medical staff includes 5 Negro, 5 Latin, and 5 Oriental physicians.

The facility is expanding with a new clinic building to include more room for all clinics, including pediatrics, dermatology, and psychiatric clinics. The pharmacy is also expanding. There are approximately 12,000 out-patient visits per month (1800 emergency). Of this total only 1% are from the Model Neighborhood Area. Only 4.2% of the area residents use the in-patient facilities.

The primary obstacles to full utilization, according to the administrator, involve plan membership, transportation, and education as to how to utilize the services properly. Medical patients are eligible for care, but they have not utilized the facility. Kaiser is currently working with People Pledged for Community Progress, and together they are developing an in-service training program focused around problems of communicating with the minority community. Dr. Geier and Mr. Kympton have shown great interest in the Model Cities Program.

The future plans of the facility include construction of a new general hospital in Richmond. The emphasis will be on out-patient services, with a possible 100 in-patient beds.

The daily average census of the current facility is 50 patients.

Richmond Hospital Association

This is a 99-bed non-profit acute care facility located at 53rd Street and Gaynor. The services include medical-surgical, pediatric, and maternity care. The average daily census is around 70 patients per day. In-patient services include physical therapy, x-ray, laboratory, dietitian, surgery, and non-emergency dental care. Emergency and out-patient service is by

referral only. Private physicians must administer the care because there is no house staff. Mr. J. B. Barnes is the administrator, and C. J. Pertuit, M.D. is the chief of the medical staff.

There are 214 employees. The medical staff has 95 active members and 15 consultants.

The facility is land-locked and unable to expand. Future plans will follow community needs and probably involve negotiations with other health facilities. Expansion of program is limited because of lack of space.

Referrals for emergency care are generally made to Brookside. The medical staff is 90% Caucasian, 5% Negro and 5% Latin or Oriental. The administrators of departments are 70% Caucasian and 30% Oriental. Paramedical services are 88% Caucasian, 5% Negro, 5% Latin, and 2% Oriental.

Mr. Barnes has attended many Model Cities Health Service Committee meetings and is interested in the future development of the program.

Summary of Hospital Facilities

Hospital facilities in the vicinity of the Model Neighborhood Area are considerable. Table 7.1-1 shows the facilities and services available at Richmond Hospital, Brookside Hospital, County Hospital, Doctors' Hospital and Kaiser Foundation Hospital at Richmond. The table shows that the County Hospital at Martinez offers the greatest bed capacity and range of services. Kaiser Hospital offers a comparable range of services, in cooperation with the Kaiser Oakland Hospital.

To be effective, health care facilities must be accessible as well as available for use. Table 7.1-2 shows estimated travel times from sectors of the Model Neighborhood Area to major health care facilities. Average round-trip travel times are shown for both bus and private auto travel. Travel access to these facilities is clearly biased in favor of private auto travel. Parking is generally easily available and convenient to the facility, except at Kaiser. Physical accessibility to a given facility is modified by the way prospective patients view their acceptance at the facility. The community reputation of a given facility greatly affects its real utility.

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There are 214 employees. The medical staff has 95 active members and 15 consultants.

The facility is land-locked and unable to expand. Future plans will follow community needs and probably involve negotiations with other health facilities. Expansion of program is limited because of lack of space.

Referrals for emergency care are generally made to Brookside. The medical staff is 70% Caucasian, 25% Negro and 5% Latin or Oriental. The administrators of departments are 70% Caucasian and 30% Oriental. Paramedical services are 68% Caucasian, 25% Negro, 5% Latin, and 2% Oriental.

Mr. Barnes has attended many Model Cities Health Services Committee meetings and is interested in the future development of the program.

Summary of Hospital Facilities

Hospital facilities in the vicinity of the Model Neighborhood Area are considerable. Table 7-1-1 shows the facilities and services available at Richmond Hospital, Brookside Hospital, County Hospital, Doctors' Hospital and Kaiser Foundation Hospital at Richmond. The table shows that the County Hospital at Martinez offers the greatest bed capacity and range of services. Kaiser Hospital offers a comparable range of services in cooperation with the Kaiser Oakland Hospital.

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Convenience in the use of a facility is also highly important. Patient wait is highly variable, but biased in favor of prior appointments. Kaiser (Richmond) may require an appointment lead time of several months in order to obtain preventative health service. County Hospital at Martinez offers token opportunities for child supervision or recreational facilities during waiting, others even less.

Out-of-pocket costs may severely influence the use of available facilities. Administrative rulings on medical and medicine eligibility may limit existing facility utilization and introduce barriers to good medical care. Ruings of this sort have been particularly confusing under MediCal in recent months and appear to affect acceptance of MediCal by both doctors and patients.

	1	2	3	4	5
PHYSICAL EXAM.	Yes	Yes	Yes	Yes	Yes
Occupational Th.	Yes	Yes	Yes	Yes	Yes
Social Services	Yes	No, w/1	Yes	Yes	Yes
X-ray	Yes	Yes	Yes	Yes	Yes
Radiation Ther.	Yes	Yes	Yes	Out-pat	Yes
Laboratory Serv.	Yes	Yes	Yes	Yes	Yes
Dentist	Yes	Yes	Yes	Pr. time	Yes
Surgery	Yes	Yes	Yes	Minor	Yes
Dental Emergency	Yes	Yes	Yes		Yes

Source: Model Cities Health
 Facilities Survey,
 August 1968

Model Cities Program

Richmond, Calif.

CHS: P. Health

7-1-81

Convenience in the use of a facility is also highly important. Patient wait is highly variable, but biased in favor of prior appointments. Kaiser (Richmond) may require an appointment lead time of several months in order to obtain preventative health service. County Hospital at Martinez offers token opportunities for child supervision or recreational facilities during waiting, where even less.

Out-of-pocket costs may severely influence the use of available facilities. Administrative barriers to medical and medicine eligibility may limit existing facility utilization and introduce barriers to good medical care. Barriers of this sort have been particularly confusing under Medicaid in recent months and appear to affect acceptance of Medicaid by both doctors and patients.

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 Table 7-1

TABLE 7-1 AVAILABLE HOSPITAL FACILITIES

	RICHMOND HOSPITAL	BROOKSIDE HOSPITAL	COUNTY HOSPITAL	KAISER HOSPITAL	DOCTOR'S HOSPITAL
BED CAPACITY					
Medical-Surg.	76	183	112	46	109
Pediatric	12	38	28		5
Maternity	11	24	23		
Psychiatric	--		82	12	
Dent. Oral Surg.	--				
Communicable Dis.	--		12		
Long Term Care	--		40		36
Extended Care- (Certified Beds)	--		85		
Rehabilitation	--		42		
T.B.	--		21		
TOTAL	99	246	360	58	145
AVG. DAILY CENSUS	70	206	280	30	100
AVAILABLE SERVICES	IN PATIENT				
Physical Ther.	Yes	Yes	Yes	Yes	Yes
Occupational Th.		Yes	Yes	Yes	
Social Services		Co. Wkr.	Yes	Yes	
X-ray	Yes	Yes	Yes	Yes	Yes
Radiation Ther.			Yes	Oakland	
Laboratory Serv.	Yes	Yes	Yes	Yes	Yes
Dietician	Yes	Yes	Yes	Pt. time	Yes
Surgery	Yes	Yes	Yes	minor	Yes
Dental Emergency		Yes	Yes		

SOURCE: Model Cities Health
 Facilities Survey,
August 1968

TABLE 7-1 AVAILABLE HOSPITAL FACILITIES

DOCTOR'S HOSPITAL	KAISER HOSPITAL	COUNTY HOSPITAL	BROOKSIDE HOSPITAL	RICHMOND HOSPITAL	BED CAPACITY
109	46	112	183	78	Medical-Surg.
5		28	38	12	Pediatric
	12	23	34	11	Maternity
		82		--	Psychiatric
		12		--	Dent. Oral Surg.
36		40		--	Communicable Dis.
		82		--	Long Term Care
		42		--	Extended Care
		21		--	(Certified Beds)
162	52	360	246	82	Rehabilitation
100	30	280	206	70	T.B.
					TOTAL
					AVG. DAILY CENSUS
					AVAILABLE SERVICES
				IN PATIENT	
Yes	Yes	Yes	Yes	Yes	Physical Ther.
	Yes	Yes	Yes		Occupational Th.
	Yes	Yes	Co. Wrt.		Social Services
Yes	Yes	Yes	Yes	Yes	X-ray
	Oakland	Yes	Yes		Radiation Ther.
Yes	Yes	Yes	Yes	Yes	Laboratory Serv.
Yes	Pt. time	Yes	Yes	Yes	Diagnostic
Yes	Minor	Yes	Yes	Yes	Surgery
		Yes	Yes		Dental Emergency

Model Cities Program
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 Table 7-1

TABLE 7-1 AVAILABLE HOSPITAL FACILITIES (contd.)

	RICHMOND HOSPITAL	BROOKSIDE HOSPITAL	COUNTY HOSPITAL	KAISER HOSPITAL	DOCTORS' HOSP.
AVAILABLE SERVICES: OUT-PATIENT					
Out-Patient Clinic		Yes	Yes	Yes	
Emerg. Clinic		Yes	Yes	Yes	Yes
Physical Ther.		Yes	Yes	Yes	
Occupational Th.		Yes	Yes	Yes	
Social Services			Yes	Yes	
X-Ray	Yes	Yes	Yes	Yes	Yes
Radiation Ther.			Yes	Oakland	
Dietician			Yes	pt. time	
Homemaker Serv.			Yes		
Health Aid Serv.			Yes		
Visiting Nurses				Oakland	
T.B. X-Ray			Yes		
Pediatrics		Yes	Yes	Yes	Yes
Pre-Natal			Yes	Yes	
Well Baby Clinic			Yes	Yes	
Surgery		Yes	Yes	Yes	Yes
Dental Care					
Emerg.		Yes	Yes		
Non-Emerg.			Yes		
Immunization			Yes	Yes	
Eye Care			Yes	Yes	
AVG. OUT-PATIENT VISITS PER MONTH					
	1,000	2,500	5,000	12,000	a
AVG. EMERGENCY ROOM VISITS PER MONTH					
	40	1,800	500	1,800	400
REPORTED WAIT					
		No wait with referral emerg. room, 5-10 min.	Within 1 hour	No wait with scheduled appointment Drop-In Clinic, 2-3 hrs. Emerg. Room 5 min - 2 hrs	No wait with sched. appt. emerg. room, 15-20 min.

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 Table 7-2

TABLE 7-2 TRAVEL TIME TO LOCAL HEALTH FACILITIES
FROM RICHMOND MODEL NEIGHBORHOOD AREA

ORIGIN	KAISER HOSPITAL (RICH.)	RICHMOND HOSPITAL	BROOKSIDE HOSPITAL	RICHMOND HEALTH CENTER
	<u>PUBLIC TRANSIT</u>			
North Richmond	90 min	65 min.	98 min.	65 min.
Iron Triangle				
(10th & Macdonald)	30 min.	30 min.	60 min.	25 min.
Southside				
(24 & Cutting)	30 min.	65 min.	93 min.	60 min.
	<u>PRIVATE AUTO TRAVEL</u>			
North Richmond	15 min.	10 min.	5 min.	15 min.
Iron Triangle	5 min.	5 min.	15 min.	5 min.
Southside	5 min.	10 min.	15 min.	5 min.
	<u>STRAIGHT LINE DISTANCE</u>			
North Richmond	2.5 mi.	1.2 mi.	1.5 mi.	2.0 mi.
Iron Triangle	1.2 mi.	1.4 mi.	2.3 mi.	1.4 mi.
Southside	.5 mi.	1.2 mi.	1.7 mi.	1.5 mi.

Source: A.C. Transit Company
 Time Tables for August,
 1968

TABLE 7-2 TRAVEL TIME TO LOCAL HEALTH FACILITIES
 FROM RICHMOND MODEL NEIGHBORHOOD AREA

ORIGIN	PUBLIC TRANSIT			
	KAISER HOSPITAL (RICH.)	RICHMOND HOSPITAL	BROOKSIDE HOSPITAL	RICHMOND HEALTH CENTER
North Richmond	30 min.	35 min.	38 min.	65 min.
Iron Triangle	30 min.	30 min.	60 min.	25 min.
(10th & Jackson St.)	30 min.	65 min.	95 min.	60 min.
Southside	15 min.	10 min.	15 min.	15 min.
(24 & Cottage)	5 min.	5 min.	15 min.	5 min.
North Richmond	2.5 mi.	1.2 mi.	1.5 mi.	2.0 mi.
Iron Triangle	1.5 mi.	1.4 mi.	1.3 mi.	1.4 mi.
Southside	1.5 mi.	1.2 mi.	1.7 mi.	1.5 mi.

Source: A.C. Transit Company
 Time Tables for August
 1968

Contra Costa County Department of Public Health

The Public Health Department is headed by Dr. Glen Kent. The focus of the agency is primarily educational and preventive medicine on an out-patient basis. Services which include actual medical treatment are the venereal disease clinic, alcoholics' clinic, and crippled children's services. The medical prior authorization responsibility is also based in the Health Department. A summary of the kinds of clinics conducted by the agency in Richmond follows:

<u>No Appointment Needed</u>	<u>By Appointment Only</u>	<u>By Referral Only</u>
Venereal Disease	Child Health Conference	T.B.
Immunization	Family Service Clinic	Mistogen
	Alcoholic Rehabili- tation	
	Crippled Children's Services	
	MediCal Post- Screening	

The Department employs 182 people. Included in this number are six medical doctors. Also employed are various community aides. The staff employs Negroes and other minorities at almost all levels. They would like to be involved in new careerist and community health aid programs.

Future programs, if funds are available, would be developed in the area of children and youth health programs and the development of new kinds of health careers for community people.

Primary obstacles to care are: the hours that clinics are available, money, transportation, time necessary to receive services, babysitting problems, and lack of education as to the necessity for preventive medicine. Community aides can overcome some of these problems now, according to the Public Health nurses and the administration.

County Health Department of Public Health

The Public Health Department is headed by Dr. Glen Kent. The focus of the agency is primarily educational and preventive medicine on an outpatient basis. Services which include actual medical treatment are the venereal disease clinic, alcoholics' clinic, and crippled children's services. The medical prior authorization responsibility is also based in the Health Department. A summary of the kinds of clinics conducted by the agency in Richmond follows:

No Appointment Needed By Appointment Only By Referral Only

Venereal Disease	Child Health Conference	T.B.
Immunization	Family Service Clinic	Miscellaneous
	Alcoholic Rehabilitation	
	Crippled Children's Services	
	Medical Post-Screening	

The Department employs 182 people. Included in this number are six medical doctors. Also employed are various community aides. The staff employs Negroes and other minorities at almost all levels. They would like to be involved in new careers and community health aid programs.

Future programs, if funds are available, would be developed in the area of children and youth health programs and the development of new kinds of health careers for community people.

Primary obstacles to care are: the hours that clinics are available, money, transportation, time necessary to receive services, baby-sitting problems, and lack of education as to the necessity for preventive medicine. Community aides can overcome some of these problems now, according to the Public Health nurses and the administration.

Education is especially needed in areas of T.B., V.D., drug abuse, mental health, dental care and early treatment of diseases such as cancer. Another health need of the county is fluoridation of the water supply in certain areas.

Number of Doctors in the Area

In the City of Richmond there are a total of 75 physicians listed in the telephone directory. Of this total, seven are located in the Model Neighborhood Area. Five of the physicians located in the Model Neighborhood Area are Negro. There are 43 dentists located in the city and four are in the Model Neighborhood Area. There is one Negro dentist in the Model Neighborhood boundaries.

The number of doctors located within the area is somewhat deceptive. Most of the physicians located in the Richmond area are located in two clusters: one at 24th Street just south of Macdonald Avenue and only a few blocks east of the Model Neighborhood Area. The second major cluster is located near Brookside Hospital. The third significant cluster is downtown within the Model Neighborhood Area. Unfortunately due both to population shifts and the displacement effects of downtown redevelopment, the number of physicians in the downtown area is shrinking. The map on the next page shows medical facilities and offices including extended-care facilities.

Contra Costa County Community Mental Health Services - Richmond Division

This is a county non-profit facility subsidized by Short-Doyle Funds and located at 340 - 11th Street in downtown Richmond. Its hours of operation are from 8:30 to 5:30 pm, Monday through Friday. The facility, under the medical direction of William Bewley, M.D., offers psychotherapy, crisis and emergency psychiatric care, either immediately or within three to four days, depending on the circumstances. There are 736 patients enrolled in the program, and a small percentage come from the Model Neighborhood Area. Future expansion is tied to the county master plan for health services. In the near future the office plans to have therapists assigned to neighborhood churches and buildings in an attempt to reach out into the community.

The agency feels the primary obstacles to the best patient utilization of the facility are the following: (1) Far too many

seriously ill people for the staff to treat definitively, (2) Unrealistic fears and unrealistic expectations about what they can do, (3) Need on the part of staff to develop more community contacts and new treatment methods; and (4) conflicts between clinical and administrative needs. Dr. Bewley does not know how the residents feel about this facility. They do have constantly increasing requests for services and many persons are referred by their patients or former patients. The agency employs most of its staff on a part-time basis. The time equivalents add up to three full-time medical doctors, 3/4-time psychiatric social workers, a 1/5-time psychologist, and two full-time secretaries. The professional staff includes one Negro psychiatrist.

In the future, the agency hopes to work with community aides funded through O.E.O. Other personnel hired by the agency must have professional degrees because of requirements linked to state funding.

The Multi-Purpose Center for the Mentally Retarded

The Multi-Purpose Center for the Mentally Retarded, better known as the Hilltop Center, is located in Richmond on the northeast corner of San Pablo and Hilltop Drive. The facility has opened recently and is partially functioning. It provides day-care services with priority given to the most profoundly and severely retarded and the multiple handicapped.

The facility proposes three programs:

1. for children up to three years of age
2. for persons from 3 - 21
3. for persons over the age of 21

At present, the only program operating is run by the Richmond Unified School District, providing services for persons from 3 to 21 years. There are two classes with ten persons in each, although the program is able to service 44 persons. The staff includes a head teacher, two classroom teachers, two aides, and a speech therapist who provides services three hours per week. The program is funded by the State Department of Education. Presently, five children from the Model Neighborhood Program are in the program.

The other two programs will be run by the County Medical Services. They will be funded by Short-Doyle. It is hoped that

seriously ill people for the staff to treat definitively.
(2) Unrealistic fears and unrealistic expectations about what
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are referred by their patients or former patients. The agency
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is up to three full-time medical doctors, 2 1/2-time
psychiatric social workers, a 1/2-time psychiatrist, and two full-
time secretaries. The professional staff includes one Negro
psychiatrist.

In the future, the agency hopes to work with community
groups through the C.C. Other personnel hired by the agency
must have professional degrees because of requirements linked to
state licensing.
The Model Cities Center for the Mentally Retarded

The Model Cities Center for the Mentally Retarded, better
known as the Milltop Center, is located in Richmond on the north-
east corner of San Pablo and Milltop Drive. The facility has
opened recently and is partially functioning. It provides day-
care services with priority given to the most profoundly and
severely retarded and the multiple handicapped.

The facility proposes three programs:

1. for children up to three years of age
2. for persons from 3 - 21
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At present, the only program operating is run by the
Richmond Unified School District, providing services for persons
from 3 to 21 years. There are two classes with ten persons in
each, although the program is also to service 40 persons. The
staff includes a head teacher, two classroom teachers, two aides,
and a speech therapist who provides services three hours per
week. The program is funded by the State Department of Education.
Presently, five children from the Model Neighborhood Program are
in the program.

The other two programs will be run by the County Medical
Services. They will be funded by Short-Doyle. It is hoped that

the program for children up until the age of three will begin in January or February, 1969. The over-21 program is anticipated to begin in March, 1969.

At the meeting of the Model Neighborhood Citizens' Board on March 27, 1968, the Board supported the application for funds for an adult program at this center.

2. Use of Facilities: Patient Origin Study

The California Health Data Corporation, with the aid of Bay Area Health Facilities Planning Association, conducted a state-wide patient origin study. They graciously furnished the Model Cities program with raw data relating to this area. The data is divided by Zip Code areas which are larger than the actual Model Neighborhood Area.

Geographical Area and Population

The Zip Codes involved are 94801 and 94804. Included in 94801 are two areas not participating in the Model Cities Program. The first area, Point Richmond, is one of the better residential neighborhoods of Richmond. The total population of Point Richmond is 2,329 of which 2.3% are Negro. The second area included extends from the Southern Pacific tracks to 23rd Street on the east, and then north to Rheem. This area is included in census tracts 73 and 75. The population of tract 73 is 2,896 with 1.2% Negro inhabitants. Tract 75 has a population of 2,772 with only 2.2% Negro residents. Incomes are not high in these tracts. Included in Zip Code 94804 are five census tracts not in the Model Neighborhood Area. Their total populations and % Negro inhabitants are as follows:

Table 7.1-3 -- Census Tracts Not In Model
Neighborhood Area Included in Zip Code 94804

<u>Tract</u>	<u>Total Population</u>	<u>% Negro</u>
72	3,824	0.5
74	6,319	0.1
81	5,909	76.4
82	4,219	49.9
83	5,233	3.5
<u>392</u>	<u>25,504</u>	

the program for children up until the age of three will begin in January or February, 1969. The over-21 program is anticipated to begin in March, 1969.

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Geographical Area and Population

The ZIP Codes involved with 94801 and 94804. Included in 94801 are two areas not participating in the Model Cities Program. The first area, Point Richmond, is one of the better residential neighborhoods of Richmond. The total population of Point Richmond is 5,322 of which 2,128 are Negro. The second area included extends from the Southern Pacific tracks to 53rd Street on the east, and then north to Rasmussen. This area is included in census tracts 75 and 76. The population of tract 75 is 5,896 with 1,224 Negro inhabitants. Tract 76 has a population of 5,772 with only 2,224 Negro residents. Income is not high in these tracts. Included in ZIP Code 94804 are five census tracts not in the Model Neighborhood Area. Their total population and % Negro inhabitants are as follows:

Table V.1-2 -- Census Tracts Not in Model Neighborhood Area Included in ZIP Code 94804

Tract	Total Population	% Negro
75	5,896	0.2
76	5,772	0.1
81	5,909	76.4
82	4,219	49.9
83	5,233	3.2
392	25,209	

The total population for Zip Code 94801 is 23,826 with 39.6% Negro residents. The total population of Zip Code 94804 is 35,255 with 43.3% Negro inhabitants. The combined population of the two Zip Code areas is 59,081, or about one-third of the Richmond Planning Area population.

Hospitals Involved and Total Discharges

The hospitals primarily relating to the Model Cities area are: Brookside Hospital (San Pablo); Contra Costa County Hospital (Martinez); Doctors' Hospital of Pinole; Kaiser Hospital of Richmond; Kaiser Hospital of Oakland; and Richmond Hospital. Kaiser Hospital of Oakland was included in this report because many Richmond Kaiser plan members are hospitalized in Oakland due to the limited in-patient services available at Kaiser Hospital of Richmond.

The total number of discharges for a one-week period between March 24 and March 30, 1968, for the two Zip Codes was 192 patients. (This number includes newborns.)

Table 7.1-4

Number of Discharges from Hospitals
Relating to Model Neighborhood Area

<u>Hospital</u>	<u>Total Dis-</u> <u>charges</u> <u>for 1-week</u> <u>period</u>	<u>Dis-</u> <u>charges:</u> <u>Zip Code</u> <u>94801</u>	<u>Dis-</u> <u>charges:</u> <u>Zip Code</u> <u>94804</u>	<u>Total</u> <u>Discharges</u> <u>Residing in</u> <u>94801 & 94804</u>
Brookside	218	34	42	76
CCC, Martinez	188	13	18	31
Doctors' Pinole	66	12	11	23
Kaiser, Richmond	17	3	1	4
Kaiser, Oakland	312	--	26	26
Richmond	82	20	12	32
	<u>883</u>	<u>82</u>	<u>110</u>	<u>192</u>

Brookside Hospital had the most discharges from the Zip Code areas which include the Model Neighborhood Area. This number tends to be exaggerated because it appears that many maternity patients select Brookside Hospital and therefore a maternity discharge is counted twice, once for the mother and once for the child.

Average Length of Stay

The average length of hospitalization for the combined zip codes is 7.9 days. This number is exactly the same as the national average. The average length of stay for California is 7.2 days which is not significantly shorter. The following table shows the average length of stay at each of the institutions involved in the study. Doctors' Hospital of Pinole has 36 F.C.F. beds which is reflected in the unusually long length of stay for Zip Code 94801.

Table 7.1-5: Average Length of Hospitalization for Zip Codes 94801 & 94804

<u>Hospital</u>	<u>Average Length of Stay: 94801</u>	<u>Average Length of Stay: 94804</u>	<u>Combined Average Length of Stay (Zip Codes 94801 and 94804)</u>
Brookside	6.8	6.1	6.5
CCC, Martinez	4.6	12.9	8.8
Doctors', Pinole	17.6	7.5	12.6
Kaiser, Oakland	No Discharges	6.9	6.9
Kaiser, Richmond	4.3	7.0	5.7
Richmond	4.2	8.5	6.4
Combined Averages	7.5	8.2	7.9

Because the Zip Codes include many Caucasians and the social-economic factors are impossible to isolate, an argement cannot be made for or against the idea that poverty residents have longer hospitalizations than wealthier patients. It has been stated that poverty groups wait longer to see physicians and therefore are more severely ill when they are finally hospitalized. Our data cannot spread any light on this important question.

Ages of Patients

There is currently no data to compare our findings, so that comparisons with other populations are very difficult. There are some interesting findings in the following data:

Table 7.1-6

Patients Catagorized by Age Groups and In-patient Facility

<u>Hospital</u>	<u>0-15</u>	<u>16-25</u>	<u>26-40</u>	<u>41-64</u>	<u>65+</u>	<u>Total</u>
Brookside	22	14	8	23	9	76
CCC, Martinez	1	10	7	13	0	31
Doctors', Pinole	2	3	0	10	8	23
Kaiser, Oakland	7	6	2	11	0	26
Kaiser, Richmond	0	0	3	0	0	4 ⁽¹⁾
Richmond	<u>3</u>	<u>8</u>	<u>4</u>	<u>6</u>	<u>9</u>	<u>32</u> ⁽²⁾
Totals	35	41	21	66	26	192

(1) Patient's age not recorded

(2) Two ages not recorded

Because the Hip Codes include many Caucasians and the social-economic factors are impossible to isolate, an argument cannot be made for or against the idea that poverty residents have longer hospitalizations than wealthier patients. It has been stated that poverty groups will longer to see physicians and therefore are more severely ill when they are finally hospitalized. Our data cannot spread any light on this important question.

Area of Patients

There is currently no data to compare our findings, so that comparison with other populations are very difficult. There are some interesting findings in the following data:

Table 7-1-6

Patient's Categorized by Age Groups and In-patient Facility

Hospital	0-15	16-25	26-40	41-64	65+	Total
Brookside	22	14	8	23	9	76
CCC, Martinez	1	10	7	13	0	31
Deform, Pinalo	2	3	0	10	8	23
Kaiser, Oakland	7	6	2	11	0	26
Kaiser, Richmond	0	0	3	0	0	3
Richmond	3	8	4	6	9	30
Totals	35	41	21	66	26	189

(1) Patient's age not recorded
(2) Two ages not recorded

It is worth noting that there were no patients over 65 at either the county facility or Kaiser Hospitals. These patients are all eligible for MediCare and are probably under the care of private physicians. Since Kaiser plan operates mainly through work groups, membership might be concentrated in certain ages.

Also, interesting to note is that of the 35 pediatric discharges, 22 were discharged from Brookside Hospital. Kaiser Hospital of Richmond has no pediatric in-patient beds. Again, it must be noted that a number of these discharges are newborns.

Ethnic Origin

While Negroes composed 39.6% of the total population of Zip Code 94801, they accounted for 46.3% of the discharges. The opposite was true for Zip Code 94804. Negroes comprised 43.3% of the total population, but accounted for only 35.5% of the discharges. Each zip code contradicts the other in this instance and the factors behind the difference are unknown.

When ethnicity discharges are examined by hospitals, some interesting findings are uncovered.

Table 7.1-7

Ethnicity and Hospital of Discharge

<u>Hospital</u>	<u>Caucasian</u>	<u>Negro</u>	<u>Other</u>	<u>Total</u>
Brookside	45	31	-	76
Contra Costa County	12	19	-	31
Doctors' Pinole	13	10	-	23
Kaiser, Oakland	13	9	4	26
Kaiser, Richmond	3	1	0	4
Richmond	<u>25</u>	<u>6</u>	<u>1</u>	<u>32</u>
Totals	111	76	5	192

Brookside Hospital, Doctors' Hospital of Pinole, and Kaiser (Oakland) proportions are roughly the same as the Negro population in the area. Contra Costa County Hospital of Martinez has significantly more Negroes than Caucasians. The factor accounting for this is probably the higher rate of poverty among Negroes. The racial composition of the discharges at Richmond Hospital are heavily Caucasian (78%).

Admission Source

The largest number of admissions were scheduled -- that is the physician arranged in advance for the admission of the patient. This does not imply that the hospital admission was on an elective basis. The next largest source of admissions was due to emergencies. This data cannot be compared to other populations at this time. It is valuable because it does illustrate the need for emergency services to have in-patient hospital beds as a back-up service.

Table 7.1-8: Admission Source

<u>Source</u>	<u>Number</u>
Scheduled	93
Out-Patient Departments	11
Emergency Room	33
Emergency no through emergency room	14
Transfers from other hospitals	11
Other	24
Not Recorded	6

Twelve of the Emergency Room Admissions out of a total of thirty three were at Contra Costa County Hospital. Also, six of the eleven patients transferred were sent to County Hospital, also. The data does not show where the patients were transferred from or the reasons for the transfer. Possible reasons for transfers may be due to MediCal 8-day limitations, in addition to a patient's inability to pay private hospital rates.

Brookside Hospital, Doctors' Hospital of Minale, and Kaiser (Oakland) hospitals are roughly the same as the Negro population in the area. Contra Costa County Hospital of Mar- times has significantly more Negroes than Contra Costa. The factor accounting for this is probably the higher rate of poverty among Negroes. The racial composition of the dis- charges at Richmond Hospital are heavily Caucasian (78%).

Admission Source

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Twelve of the Emergency Room Admissions out of a total of thirty three were at Contra Costa County Hospital. Also, six of the eleven patients transferred were sent to County Hospital, also. The data does not show where the patients were transferred from or the reasons for the transfer. Possible reasons for trans- fers may be due to medical 8-day limitations, in addition to a patient's inability to pay private hospital rates.

Hospital Payment Source

Of the total of 192 discharges, only one person was on a self-pay basis. MediCal and Medicare accounted for 65 of the discharges. Private insurance coverage was involved in 79 of the discharges.

Prepaid Kaiser Medical accounted for 30 of the 192 discharges. It appears that only 17 people had absolutely no medical coverage and had to rely solely on their own resources or county care.

Table 7.1-9

Payment Source of Hospital Discharges

<u>Source</u>	<u>Number</u>
MediCal	38
Medicare	27
Workman's Compensation	1
Blue Cross	23
Other Insurance	56
Self Pay	1
Kaiser	30
Other	16

Number of Operations

Of the 192 discharges 65 persons had operations. Again the significance of this statistic is unknown because there is no data to compare this number to.

External Cause of Injury

Of the 192 discharges, only 15 people were ill because of external causes of injury. Only one person from both zip codes

Hospital Payment Source

Of the total of 192 discharges, only one person was on a self-pay basis. Medical and Medicare accounted for 65 of the discharges. Private insurance coverage was involved in 79 of the discharges.

Private Kaiser Medical accounted for 30 of the 192 discharges. It appears that only 17 people had absolutely no medical coverage and had to rely on their own resources or county care.

Table 7.1-2

Payment Source of Hospital Discharges

Source	Number
Medical	38
Medicare	27
Worker's Compensation	1
Blue Cross	23
Other Insurance	26
Self Pay	1
Kaiser	30
Other	16

Number of Operations

Of the 192 discharges 65 persons had operations. Again the significance of this statistic is unknown because there is no data to compare this number to.

External Cause of Injury

Of the 192 discharges, only 15 people were ill because of external causes of injury. Only one person from both hip codes

was injured in an automobile accident. Seven of the people injured were hospitalized due to a fall. One person was poisoned, one person attempted suicide, and two people were involved in assaults out of the total of 192 discharges. The remaining two people were injured by machinery, either at work or at home.

Conclusions

The California Health Data Corporation Study of discharges between March 24 and March 30 provide the following information:

The average length of stay for the zip codes studied does not seem to vary significantly from the individual average. This statistic does not necessarily mean people are going to see physicians as preventive measures or are involved in other medical routines that shorten hospitalization periods.

Brookside Hospital appears to be the most popular institution with the people in the zip codes studied. The other five hospitals had the rest of the discharges somewhat evenly divided among them. The factor that is unknown is the amount of new-borns counted in the Brookside discharges. Persons over 65 in the study selected private physicians that related to either Brookside, Doctors' Hospitals of Pinole, or Richmond Hospital.

Racial composition of discharges were proportionately the same as the proportion of Negro population in the area at Brookside Hospital, Kaiser Hospitals, and Doctors' of Pinole. At Richmond Hospital 78% of the discharged patients were Caucasian. At the county facility, over half of the discharges were Negro.

Most hospital admissions were scheduled; however, a large percentage was due to emergencies. This factor should be considered when emergency care is provided, since transferring patients is both unwise and an inconvenience.

All but 17 patients were covered by some form of insurance or prepaid medical plan. Private and social medical insurance plans are reaching approximately 90% of the people in the zip codes studied for hospitalization. External causes of injuries accounted for only 15 of the 192 discharges for the period studied.

was injured in an automobile accident. Seven of the people
injured were hospitalized due to a fall. One person was
poisoned, one person attempted suicide, and two people were in-
volved in assaults out of the total of 192 discharges. The re-
maining two people were injured by machinery, either at work or
at home.

Conclusions

The California Health Data Corporation Study of discharges
between March 1 and March 30 provide the following information:

The average length of stay for the six codes studied does
not seem to vary significantly from the individual average.
This statistic does not necessarily mean people are going to
see physicians as preventive measures or are involved in other
medical routines that shorten hospitalization periods.

Brookside Hospital appears to be the most popular institu-
tion with the people in the six codes studied. The other five
hospitals had the rest of the discharges somewhat evenly divided
among them. The fact that is unknown is the amount of new-
borns delivered in the Brookside discharges. Persons over 65 in
the study selected private physicians that related to either
Brookside, Doctors' Hospital of Chicago, or Richmond Hospital.

Racial composition of discharges were proportionately the
same as the proportion of Negro population in the area of Brook-
side Hospital, Doctors' Hospital, and Doctors' of Chicago. At
Richmond Hospital 74% of the discharged patients were Caucasian.
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Most hospital admissions were scheduled; however, a large
percentage was due to emergencies. This factor should be con-
sidered when emergency care is provided, and when financing
patients a more timely and an economical service.
All but 19 patients were covered by some form of insurance
or prepaid medical plan. Private and social medical insurance
plans are covering approximately 90% of the people in the six
codes studied for hospitalization. External causes of injuries
accounted for only 15 of the 192 discharges for the period
studied.

B. HOW THE HEALTH SERVICES ARE VIEWED AND USED BY MODEL NEIGHBORHOOD RESIDENTS

The preceeding section gave a picture of available services and facilities; the utilization patterns of those who used the facilities; and the problems as seen by the providers of the services. Of equal concern are the patterns and problems of utilization and non-utilization as seen by the users of the services.

During the preparation of the application for the planning grant for Richmond's Model Cities Program, it became clear that there was little information available and little agreement on the extent to which residents use the available services, why certain services are selected, how much awareness exists regarding preventative measures, etc.

Therefore, a Community Health Survey was undertaken as a joint effort of several public and voluntary agencies in the summer of 1967. The agencies involved in this survey were aware of the difficulties of getting "hard data" in this area but felt that it was important to reach out into the neighborhood with some questions.

1. Results of Neighborhood Health Questionnaire

The results of this survey are summarized in the following section.

a. Background for the Neighborhood Health Questionnaire

This health survey of the Model Neighborhood area was carried out through the cooperation of Neighborhood Councils and community groups, Richmond Model Cities Staff, People Pledged for Community Progress, the California State Service Center, the Bay Area Social Planning Council, and the County Health Department. The purpose of the survey was to determine the major health problems of families living in the area; to identify barriers to the utilization of present health services; and to get an indication of ways to provide new health services and to improve present health services in the Model Neighborhood Area. The data in the survey is based upon a multi-stratified probability sample of the occupied households in the total Model Neighborhood Area.

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The focus of the health survey was on out-patient health service in the area. It did not deal extensively with in-patient services.

The survey interviewers were high school and college females recruited from the Model Neighborhood Area and trained by the People Pledged for Community Progress, a local community organization. They were supervised by State Service Center Personnel.

There were 189 households included in the survey, and 97% of the families had resided in Contra Costa County for at least a year.

Nearly 49 percent of the total persons included in the survey were less than 17 years of age. Sixty two percent of the dwellings had two bedrooms or less. The racial composition of the area was as follows: Negro 72%, Caucasian 20%, Spanish Speaking 2.1% and Oriental .5%. 33 percent of the households reported incomes of less than \$4,000, and 48% reported incomes of less than \$6,000. 38 percent of the families were receiving public assistance. (Figures on income will be added if available to indicate medical indigency of majority of population.)

b. Union Membership and Health Insurance Coverage

30 percent of the people reported belonging to unions. The most frequently mentioned were Boilermakers, Cannery Workers and General Laborers Union.

Since many unions include health insurance in the fringe benefits, the unions as well as employers become a potent source of financial assistance for health services. Questionnaires indicated that among problems of coverage were the fact that families of the insured worker were not always covered, and that coverage was not necessarily year around.

c. Need for Medical Care

41 percent of the families had required medical attention within the past year and 16 percent of them admitted that they should have seen a doctor but didn't because of lack of money or transportation, or difficulty in getting an appointment. Typical responses were: "I keep putting it off;" "doctors don't do anything except give pills;" and "...too long to get an appointment."

The focus of the health survey was on out-patient health services in the area. It did not deal extensively with in-patient services.

The survey interviewers were high school and college females recruited from the Model Neighborhood Area and trained by the People Planned for Community Progress, a local community organization. They were supervised by State Service Center Personnel.

There were 180 households included in the survey. 94% of the families had resided in Contra Costa County for at least a year.

Nearly 60 percent of the total persons included in the survey were less than 17 years of age. Sixty-two percent of the households had two bedrooms or less. The racial composition of the area was as follows: Negro 72%, Caucasian 20%, Spanish 2.1% and Oriental 3%. 35 percent of the households reported incomes of less than \$4,000, and 45% reported incomes of less than \$6,000. 32 percent of the families were receiving public assistance. Figures on income will be cited in available to indicate medical frequency of majority of population.

b. Union Membership and Health Insurance Coverage

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34% of the households reported that some one in the home had a health problem at present. The illnesses included high blood pressure, anemia, diabetes, internal organ trouble, ENT problems, arthritis, asthma, allergies, cancer, and nervous disorders.

70% of the people reported that the persons in the family who were ill were seeing a physician. Only 9% of the families were doing nothing about the health problem. The remaining 21% were having treatments or taking medication, but were not under the supervision of a doctor. 20% of the families reported that a member of their household was unable to work because of a physical condition. This does not mean that they were permanently disabled. 15% of the families had members in the household unable to function normally because of some permanent disability.

d. Utilization of Medical Resources

The residents were asked where they sought medical advice when the need arose. The majority, or about 55%, first contacted their private doctor. Approximately 15% went to Kaiser and 10% sought medical advice at the 8th Street Clinic. The County and Brookside Hospitals were utilized almost equally, with approximately 4% of the households seeking their services first. The remaining families went to other facilities, did not get or seek medical advice or did not answer the question.

In the event that someone in the household were to require hospitalization, 39% of the families indicated a preference for Brookside Hospital, 25% chose Kaiser, 10% selected County, 9% would utilize the services of Richmond Hospital, and the remaining 17% chose other facilities or did not know where they would go for in-patient hospitalization. The following reasons were mentioned as rationale for their choice of facility: "service good," "closest to home" (Brookside, Kaiser, and Richmond Hospitals), "people are nice" (Richmond and Brookside Hospitals), "because I have health plan" (Kaiser Hospital), "closest to transportation" (Kaiser Hospital), "like the nurse" (Brookside Hospital), and "it serves our purposes" (Brookside and Kaiser Hospitals).

Most of the households had sought medical service from the established facilities less than two times in the last

34% of the households reported that some one in the home had a health problem at present. The illnesses included high blood pressure, anemia, diabetes, intestinal organ trouble, ENT problems, arthritis, asthma, allergies, cancer, and nervous disorders.

70% of the people reported that the persons in the family who were ill were seeing a physician. Only 2% of the families were doing nothing about the health problem. The remaining 28% were having treatment or taking medication, but were not under the supervision of a doctor. 50% of the families reported that a member of their household was unable to work because of a physical condition. This does not mean that they were permanently disabled. 15% of the families had members in the household unable to function normally because of some permanent disability.

Utilization of Medical Resources

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The residents were asked where they sought medical advice when the need arose. The majority, or about 55%, first contacted their private doctor. Approximately 15% went to Kaiser and 10% sought medical advice at the St. Francis Clinic. The County and Brookside Hospitals were utilized almost equally, with approximately 10% of the households seeking their services first. The remaining families went to other facilities, did not get or seek medical advice or did not answer the question.

In the event that someone in the household were to require hospitalization, 30% of the families indicated a preference for Brookside Hospital, 55% chose Kaiser, 10% selected County, 9% would utilize the services of Richmond Hospital, and the remaining 17% chose other facilities or did not know where they would go for in-patient hospitalization. The following reasons were mentioned as rationales for their choice of facility: "service good", "closest to home" (Brookside, Kaiser, and Richmond Hospitals), "people are nice" (Richmond and Brookside Hospitals), "I have health plan" (Kaiser Hospital), "closest to transportation" (Kaiser Hospital), "like the nurse" (Brookside Hospital), and "it serves our purposes" (Brookside and Kaiser Hospitals).

Most of the households had sought medical service from the established facilities less than two times in the last

twelve months. They were asked how they felt about the medical care and the services. The following responses to these questions were recorded: "Brookside is the best place to go"; "They charge too much" (Kaiser and Brookside Hospitals); "Slow service and they want to know your life history before taking you in" (County Hospital); "Too slow and din't like the nurses" (Kaiser); "Too slow and you have to wait too long for an appointment" (8th Street Clinic); "Don't care for Brookside"; and "Kaiser services pretty close".

81 percent felt emergency medical care was satisfactory. The following reasons were the most frequent ones given for using emergency clinics: fast service, convenience, emergency treatment, was sent there, can't come during working hours, and family doctor was not available. Emergency services appeared to be utilized because of their hours of operation.

c. Obstacles Preventing Further Utilization of Health Services

Interviews indicated there were several problems blocking residents' utilization of the existing health facilities. Transportation appeared to be the major obstacle to reaching medical services. Reasons like lack of transportation, too expensive to travel, too ill to travel, and too far to the facility accounted for 25% of the complaints. Financial expenses for doctors, treatments and medications were mentioned by 14% of the households. The remaining obstacles to medical care mentioned included babysitting problems, inconvenient hours, and the lack of understanding between the doctor and the patient. Model Neighborhood residents feel reluctant to utilize the health facilities partly because they do not feel welcome. This lack of communication hinders early detection of illness and the best utilization of services. If receiving medical treatment also requires the loss of dignity, the service will be sought only when the problem becomes so severe the patient is more afraid of the other consequences. Long waiting periods, rude and tired health personnel, all contribute to the feeling that the facility does not care about the patients who seek the services to be provided. Means of involving the patient in his own care without "looking down" on him have to be found before true communication is possible.

f. Medicare, MediCal Utilization

Only 21% of the households had members over the age of 65; 95% of these had Medicare cards. About 80% of the holders of the Medicare cards used them to see private physicians. 26% had at one time or another used their Medicare card to obtain medical services at Kaiser Hospital. Only 13% of the Medicare-eligible people used the 8th Street Clinic facilities.

33% of the households in the survey group had MediCal cards. 63% of this group used their card to see a private physician. 45% also used the card to obtain services from Kaiser Hospital. 39% of the MediCal-eligible patients used the 8th Street Clinic. People used MediCal cards to obtain services from more than one facility. Sometimes it was a matter of differentiated service for different members of the family; at other times, the choice would depend on convenience and on the nature of the illness. Some of the reasons given by the interviewees were as follows: "to get medicine", "because we're on welfare", "says so on MediCal card", "close - no transportation available and no money", "for teeth and hospitalization", "birth control pills", and "very good doctor". Many times welfare recipients feel they must obtain clinic care even when eligible to see a private physician. Generally the reason is they feel uncomfortable using welfare cards to see the private physician because of the stigma of being on public assistance. One of the interviewees even convinced herself that the card stated she had to get clinic care. Accessibility and lack of transportation problems appear to be other reasons for using the 8th Street Clinic which is currently in the Model Neighborhood area (It is moving out of the area to 37th Street.). Categorical aid recipients were asked where they would go for medical care if they no longer were eligible for MediCal. 29% of the interviewees stated they would go to the 8th Street Clinic if they were not eligible for other assistance. Some of the comments made by these people were as follows: "not able to pay others"; "No place else to go"; "no choice"; "8th Street is closest"; "8th Street is the only place to go if you are not able to pay"; and "no charges". 18% stated they would continue to see their private physician for the following reasons: "used to the doctor"; "because he does good work"; "nowhere else to go"; "He was our first doctor and we know and trust him"; and "better care because your own problem approached". 10% stated they would go to Kaiser Hospital because: "service O.K."; "because I have a card"; and "it's close".

9% of the group selected other hospitals, but made no comments as to why they made that choice; 34% were unable to answer the question or did not know where they would seek medical care if they were no longer eligible for Medi-Cal.

g. Illness in the Home and Homemaker Needs

Survey participants were asked if, within the last three years they needed extra help in the house because one of the household members were ill. 24% of the households responded positively. The problem was resolved in the following ways by the affected households: relative helped; 29%; housekeeper service, 23%; friend or neighbor helped, 22%; immediate family stayed home from work, 10%; immediate family stayed home from school, 6%; home health and counseling service helped, 4%; social worker arranged help, 4% and 2% were unable to get any assistance. 69% dealt with the problem by using resources within their relative or friendship circle. It is a positive factor when a family can be supported by these sources for assistance during a period of temporary dependence. 16% of the families lost time at school or work during this period. This should be avoided and possibly could be, if more than 4% of the households could utilize the home health agency services or housekeeping services. Presnetly, only MediCal patients who are seriously ill get financial aid to pay housekeeping services.

h. Dental Services

Approximately 50% of the households went to private dentists. Another 10% went to the county-supported dental clinics. The remaining 40% did not go to the dentist or did not answer the question.

The following obstacles to obtaining dental care were noted: 60% of the households gave no answer; 23% said there were no obstacles; 7% said the lack of money was an obstacle; 3% did not like dentists; 1.5% lacked transportation; 1% were unable to get an appointment; 1% found the offices too crowded and had no time; and in one case the family dentist had died and they had not found a replacement.

The interviewees were asked how regularly they went to the dentist. Only 20% went every 6 months; 14% went every

year; 5% every 2 years; 46% only when they had difficulty; and 20% did not go or did not answer. There appears to be a sense of apathy about the need for dental services. This may not be a problem of this community alone but of the country as a whole. Health education as to preventive measures and early treatment should be emphasized by the school system, especially since the problem is not unique to the Model Neighborhood Area.

i. Acceptance of Mental Health Counseling Services

71% or 134 households felt that no one in their household could benefit from discussion or advice on family counseling, personal problems, or mental health counseling. 25% or 47 households felt some one in the home would benefit from such a service. 88% of the households have never tried to obtain mental health advice. 11% of the survey group had at one time sought mental health services. Approximately 25% of the households recognize a need for mental health counseling and at least 11% of the total households said they would actually seek out assistance.

j. Use of Preventive Medical Services

Use of important preventive services fell considerably short of 100% coverage: 66% of the households had chest x-rays; 40% had T.B. skin tests; and only 28% were immunized. These services are provided at various public facilities and sometimes in mobile units. The under-utilization of these services may be due to lack of publicity and community awareness of their presences. Neighborhood channels of communication, such as pool halls, churches and various agency community aids may be the most effective means of reaching the people not being served.

Various households received their medical advice from many sources. The private physician was the most usual source of information regarding preventive services. 263 people had been referred to various preventive services such as immunization clinics, well baby clinics, mental health clinics, etc., by their private physician. The next largest referral source for preventive care was the 8th Street Clinic; this agency referred 54 individuals. 42 individuals knew where to go themselves and did not need to be referred. Kaiser Hospital referred 40 individuals. The remaining 128 referrals were made by other health agencies, health professionals, schools, friends, etc.

Home remedies and patent medicines were not used in 63% of the households. Only 36% reported using this means of treating illness. Many physicians would probably state that home remedies can sometimes be as effective for treating some illnesses as expensive prescribed drugs. The missing factor in interpreting this question is the types of remedies used to treat what illnesses. This question as stated in the interview schedule is inconclusive, but it shows that the households depended on outside sources for their medical treatment.

k. What Interviewees Felt They Wanted to Help Solve Their Medical Problems

Money. The cost of medical services and drugs was the most frequently mentioned obstacle to receiving services in this question. Location of facilities was the next most frequently mentioned obstacle to care. Other desires of the interviewees were for better diets, transportation, and more receptive attitudes on the part of the existing medical facilities, in order that they might feel more welcome when they reached the agency.

2. Other Information Regarding Residents' Attitudes Toward Health Services

The various meetings of the Model Cities Program, as well as community meetings provided additional information on residents' problems.

The most often reported complaints relate to waiting at the 8th Street Clinic, and poor service at Kaiser emergency room. In some cases these are complaints of long standing, and corrective measures, even if already taken, will not be registered immediately in neighborhood reports. Other reported problems include the shortage of private physicians, the confusion over eligibility, the confusion over clinic vs. emergency room care, the difficulties with getting prescriptions filled, the uncertainty as to whether a private doctor will accept a Medi-Cal patient, and the address of medical staff in various institutions.

The language barrier is a serious problem for Spanish-speaking residents who seek medical care. Perhaps for this reason use of medical services is especially low for the Spanish-speaking community.

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The language barrier is a serious problem for Spanish-speaking residents who seek medical care. Reasons for this reason are of medical services is especially low for the Spanish-speaking community.

In a recent survey conducted by the Council of Spanish-speaking Organizations, it was found that 47% of the women interviewed and 51% of the men were the heads of a family that did not have a private physician. 72% of the women and 74% of the men were the heads of a family that did not have a dentist. 53% of the women interviewed and 56% of the men see a doctor only during an acute illness. It was also found during the survey that Spanish-speaking people do not obtain medical services because of reasons such as "lack of money", "language barrier", "lack of transportation", and "they don't know where to go".

The problem of neglected health and lack of proper preventive measures was mentioned repeatedly by school-community workers and by community aides. This factor shows up in the survey particularly in the questions on "immunization" and dental care. This is basically the problem of health education.

Neither utilization studies nor community surveys can answer the question of whether the demand for health services equals the need for services.

In a recent survey conducted by the Council of Spanish-Speaking Organizations, it was found that 47% of the women interviewed and 21% of the men were the heads of a family that did not have a private physician. 73% of the women and 74% of the men were the heads of a family that did not have a dentist. 58% of the women interviewed and 26% of the men see a doctor only during an acute illness. It was also found during the survey that Spanish-speaking people do not obtain medical services because of reasons such as "lack of money", "language barrier", "lack of transportation", and "they don't know where to go".

The problem of neglected health and lack of proper preventive measures was mentioned repeatedly by school-community workers and by community aides. This factor shows up in the survey particularly in the questions on "Immigration" and dental care. This is basically the problem of health education.

Neither utilization studies nor community surveys can answer the question of whether the demand for health services equals the need for services.

C. EXISTING HEALTH CONDITIONS

The problem of statistical accuracy in the case of small areas has made health statistics for the Model Neighborhood Area difficult to obtain. Some material is available to compare the whole city of Richmond to Contra Costa County. (Other data is supposed to be made available in the near future through the University of California.)

General

Estimates based on national experience and known race and age composition in the Model Neighborhood Area indicate the following:

- A greater fetal death rate than in the rest of Richmond;
- A greater infant mortality rate than in the rest of Richmond;
- A high incidence of the following acute disease conditions:
 1. Infective and parasitic diseases
 2. Respiratory conditions
 3. Injuries.

Of these, the infective and parasitic diseases are the most severe in young age groups and injuries most severe in the older and middle age groups. Respiratory conditions are the most numerous, et the least severe as a group.

Dental Problems

Dental problems are extremely serious in the Model Neighborhood Area. Dental health is most neglected of all because funds to provide free dental care have been generally unavailable. In a study by the Dental Division of the Health Department, 3,000 children of pre-school age in the Model Neighborhood were found to have an average of 2 caries per child or 6,000 caries.

In the age group 5 - 18, 700 children in the same study showed an average of 7 caries per child or a total of 46,900 caries. If 30% of these have been treated, then this still would leave a total of 37,300 untreated dental caries in the 0 - 18 age group. These figures can be projected to the adult population.

Fetal Deaths and Infant Deaths

Tables 7.1-10 and 7.1-11 show that in Richmond the number of fetal and infant deaths in proportion to live births is substantially higher than for the county as a whole.

This difference supports the assumption that Richmond follows the nationwide pattern of high fetal and infant mortality for the non-white population.

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Of these, the infective and parasitic diseases are the most severe in young age groups and injuries most severe in the older and middle age groups. Respiratory conditions are the most numerous, at the least severe as a group.

Dental Problems

Dental problems are extremely serious in the Model Neighborhood Area. Dental health is most neglected of all personal funds to provide free dental care have been generally unavailable. In a study by the Dental Division of the Health Department, 5,000 children of preschool age in the Model Neighborhood were found to have an average of 2 cavities per child or 6,000 cavities.

In the age group 5 - 18, 500 children in the same study showed an average of 7 cavities per child or a total of 3,500 cavities. If 20% of these have been treated, then this still would leave a total of 2,800 untreated dental cavities in the 5 - 18 age group. These figures can be projected to the adult population.

Fetal Deaths and Infant Deaths

Tables 7-1-10 and 7-1-11 show that in Richmond the number of fetal and infant deaths in proportion to live births is substantially higher than for the county as a whole.

This difference supports the assumption that Richmond follows the nationwide pattern of high fetal and infant mortality for the non-white population.

At present, nationally, the infant mortality rate for the non-white population is almost double that for the white population (41.4 per 1,000 live births compared to 22.3 per 1,000 live births in 1962). In the first 24 hours the differential is approximately 50 percent, dropping off to 30 percent at ages 2 and 3 days. After this point, the differential increases sharply. At 6 days the mortality rate for non-whites is twice that for the whites, from 3 to 8 months it is three times greater. The margin narrows only slightly for the remainder of the first year.

TABLE 7.1-10: CONTRA COSTA COUNTY HEALTH AREA EXPERIENCE

	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Live Births	9586	9282	9134			
Fetal Deaths	134	116	100			
Fetal Deaths/1000						
live births	14	13	11			
Infant Deaths - TOTAL	343	194	338			
Infant Deaths/1000						
live births	36	21	37			
0-27 days Deaths	149		148			
0-11 mos. Deaths	194	194	190			

Source: California State Department
 of Public Health

TABLE 7.1-11: RICHMOND CITY HEALTH EXPERIENCE

	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Live Births	1859		1731			
Fetal Deaths	38		30			
Fetal Deaths/1000						
live births	20		17			
Infant Deaths - TOTAL	87		75			
Infant Deaths/1000						
live births	47		43			
0-27 Day Deaths	40		35			
0-11 mos. Deaths	47		40			

Source: California State Department
 of Public Health

At present, nationally, the infant mortality rate for the non-white population is almost double that for the white population (41.4 per 1,000 live births compared to 22.7 per 1,000 live births in 1953). In the latter 24 hours the differential is approximately 50 percent, dropping off to 30 percent at ages 5 and 6 days. After this point, the differential becomes smaller. At 6 days the mortality rate for non-whites is twice that for the whites, then 3 to 8 months it is three times greater. The margin narrows only slightly for the remainder of the first year.

TABLE 7.1-10: CONTRA COSTA COUNTY HEALTH AREA EXPERIENCE

	1951	1952	1953	1954	1955	1956
Live Births	9286	9282	9174			
Fetal Deaths	130	116	100			
Fetal Deaths/1000						
Live Births	14	13	11			
Infant Deaths - TOTAL	545	524	338			
Infant Deaths/1000						
Live Births	38	51	37			
0-27 days Deaths	140	148	130			
0-11 mos. Deaths	144	104	130			

Source: California State Department
of Public Health

TABLE 7.1-11: RICHMOND CITY HEALTH EXPERIENCE

	1951	1952	1953	1954	1955	1956
Live Births	1839		1731			
Fetal Deaths	38		30			
Fetal Deaths/1000						
Live Births	20		17			
Infant Deaths - TOTAL	87		75			
Infant Deaths/1000						
Live Births	43		43			
0-27 day Deaths	40		38			
0-11 mos. Deaths	47		40			

Source: California State Department
of Public Health

A HIP (New York City Health Insurance Plan) study found that women, whose last pregnancy ended in either a fetal death or a low birth weight infant, had relatively high reproductive loss or damage in the current pregnancy. Furthermore, there was a tendency for successive pregnancies to repeat themselves with regard to type of loss or disability incurred.

Another study suggests that the brake on rapid decline in non-white neonatal mortality was strongly influenced by the increasing number of low-birth-weight infants among non-white births. Low birth weight, neonatal mortality and pregnancy outcome is strongly influenced by age of mother, order of birth and previous pregnancy experience.

Other studies indicate the lower average age of non-white mothers for each order of birth. There is no evidence that Richmond follows a significantly different pattern.

Based on these factors, it can be stated that, in the Model Neighborhood Area the pregnancies are less likely to achieve a satisfactory outcome than pregnancies in other parts of the city and most other parts of the county. The conditions leading to excess infant deaths (the difference between actual infant and fetal death experience and that which might be expected on the basis of countywide experience or the experience of the remainder of the city) include both biological and environmental factors. That the effects of those factors can be modified is indicated by the broad reduction of infant mortality rates since 1935. It is clear, however, that improvements in non-white rates are due to trickle-down benefits from white experience and that the differential between the rates reflect the failure of the health care services to deal with the special circumstances of non-white and low-income groups.

Mental Retardation

Mental retardation is difficult to determine accurately because of cultural barriers. It appears likely that both problems of inherent mental retardation due to the lack of prenatal care and problems of correctable lack of mental stimulation, emotional problems due to poor infant care, etc., exist in disproportionate amounts in the Model Neighborhood Area.

Disabilities

Major disabilities, especially among adults, inevitably exist in larger numbers in the Model Neighborhood Area than in the rest of

A RHP (New York City Health Insurance Plan) study found that women, whose last pregnancy ended in either a fetal death or a low birth weight infant, had relatively high reproductive loss or damage in the current pregnancy. Furthermore, there was a tendency for successive pregnancies to repeat themselves with regard to type of loss or disability incurred.

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Other studies indicate the lower average age of non-white mothers for each order of birth. There is no evidence that Richmond follows a significantly different pattern.

Based on these factors, it can be stated that, in the Model Neighborhood Area the pregnancies are less likely to achieve a satisfactory outcome than pregnancies in other parts of the city and most other parts of the country. The conditions leading to adverse infant deaths (the difference between actual infant and fetal death experience and that which might be expected on the basis of community experience or the experience of the remainder of the city) include both biological and environmental factors. That the effects of these factors can be modified is indicated by the broad reduction of infant mortality rates since 1955. It is clear, however, that improvements in non-white rates are due to a risk-down benefit from white experience and that the differential between the rates reflect the failure of the health care services to deal with the special circumstances of non-white and low-income groups.

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Richmond because the level of financial assistance to the disabled is inadequate. This makes it necessary for people with disabilities to live in the Model Neighborhood Area where housing is cheaper.

In 1968, 66% of the total city-wide ATD (Aid to the Totally Disabled) cases resided in the Model Neighborhood Area; these cases comprised 25% of the total ATD County cases. The actual breakdown of number of ATD cases for 1968 is:

- (1) Model Neighborhood Area ATD Cases: 891
- (2) Total City ATD Cases: 1351
- (3) Total County ATD Cases: 3531

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Richmond, Cal.
Chas. V. Heath
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In 1988, 58% of the total city-wide AFD (aid to the totally disabled) cases resided in the Model Neighborhood Area; these cases comprised 82% of the total AFD County cases. The actual breakdown of number of AFD cases for 1988 is:

- (1) Model Neighborhood Area AFD Cases: 591
- (2) Total City AFD Cases: 1351
- (3) Total County AFD Cases: 5331

D. SUMMARY OF PROBLEMS

The problems of the Model Neighborhood Area residents in regard to health services are summarized as follows:

1. Lack of accessibility - problems of transportation, inconvenient hours, etc. Getting to the doctor is a major problem for many Model Neighborhood Area residents. Those who are ill often do not own a car - the elderly do not drive. There are relatively few two-car families and the industrial or construction worker must usually drive to work. The female head of a household often has neither car nor baby-sitter. Friends and neighbors share these problems. Public transportation is unavailable to some facilities and inadequate to some others. However, it should be noted that improved public transportation will not solve the problem of the person who is too ill or too handicapped to travel by bus; the problem of having to take numerous children along whether to be examined or because there is no available babysitting; nor the problem of the individual who needs the reassurance or support of a relative or friend. One of the standard "fringe benefits" of the white collar worker is "personal" time or "family sick leave" - often used to take a wife or child to the doctor. This is not generally available to construction, industrial and sales workers.
2. Lack of availability of services due to financial barriers, language barriers and cultural barriers. Typical examples of cultural barriers that prevent proper medical care are: the elderly person who doesn't return to see the doctor for a regular check-up because the doctor did not explain that it would be better if a particular ailment were cared by time than by drugs, and the patient felt he got a quick brush-off; or the mother who sends her child to school with chicken pox because she doesn't understand the problem of contagious diseases.
3. Lack of knowledge as to best health care practices. This is particularly important in the case of pre-natal and child care for the very young mother.
4. Lack of self-confidence. The insecure feelings of the poor, Black, and Mexican American, the very young or old, are aggravated by the conditions under which medical care is available -- such as inadequate waiting space, long waits, brusque treatment, or lack of identification with those providing service. This makes the explaining of symptoms or the following of instructions quite a bit more "chancy" than it should be.

SUMMARY OF PROBLEMS

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2. Lack of availability of services due to financial barriers, language barriers and cultural barriers. Typical examples of cultural barriers that prevent proper medical care are: the elderly person who doesn't return to see the doctor for a regular check-up because the doctor did not explain that it would be better if a particular ailment were cured by time then by surgery, and the patient left he got a patch over-the-counter or the mother who sends her child to school with a cold because she doesn't understand the problem of contagious diseases.

3. Lack of knowledge as to best health care practices. This is particularly important in the case of pre-natal and child care for the very young mother.

4. Lack of self-confidence. The insecure feelings of the poor, Black, and Mexican American, the very young or old, are aggravated by the conditions under which medical care is available - such as inadequate waiting space, long waits, brusque treatment, or lack of identification with those providing services. This makes the explaining of symptoms or the following of instructions quite a bit more "chaotic" than it should be.

5. Lack of money and jobs. A significant number of Model Neighborhood Area residents has health problems which appear to be more connected to living in poverty than to health services per se. Nutrition, which is clearly related to amount of money available for food, is one. Overeating and overdrinking as a reaction to lack of a job or lack of other personal satisfactions is another. Persistent, as distinguished from initial, experimentation with drugs by young people seems to be related to a feeling of being in a trap. Nervous tension due to household overcrowding or to money shortages is another.

6. The Gap in Health Care Expectations Between Users and Vendors

There is a wide gap between (1) the expectations of the medical profession as to how patients should act and respond, and (2) the understanding of the residents as to what services the medical profession can perform and what level of health care and health conditions should be available to them. Until this gap is bridged, the extent to which present facilities and services may need expansion, or new types of services may need to be devised, cannot be determined.

7. Generally inferior health status of the population.

Higher infant mortality, higher ATD cards, higher TB rates all point to generally poorer health in the Model Neighborhood Area.

8. The effect of environmental hazards. Air pollution, although not confined to the Model Neighborhood Area, is particularly annoying to Model Neighborhood residents who are often subjected to odors from the nearby chemical plants. To what extent these are dangerous is not clear. At the least, they are unpleasant and irritating. (Other environmental hazards such as water pollution, traffic, etc., are dealt with in other chapters.)

9. Lack of voice in determining how health services are provided.

In part, this is a generalized problem for consumers. However, it is considerably more acute for Model Neighborhood residents because most of them cannot afford to "shop in the open market" for health services.

CHAPTER 7.2 GOALS AND PROGRAM APPROACHES

A. INTRODUCTION: OVERALL OBJECTIVES

The overall objectives of the health program are: (1) To raise the health of the residents of the Model Neighborhood Area to the standards of the county as a whole, and to eliminate deficiencies in services (physical, dental, and mental health) and obstacles to their utilization by residents; and (2) To improve the overall physical environment, economic status and social atmosphere, all of which affect personal health and well-being.

In the preceding sections, whether health was examined in terms of the physical and mental conditions of the residents or in terms of their relation to health services, the problems of race and poverty kept cropping up. It seems likely that marked improvement in health can only follow improved economic status, a better physical environment and a marked reduction in racial discrimination and its consequent emotional effect on Black people and other minority groups. Thus, everything done by Model Cities to improve education, jobs, housing, etc., is expected indirectly to improve health. With this basic assumption - which should be subjected to testing* - the detailed goals developed below focus directly on health services and leave housing, etc., to other committees.

B. GOALS

The goals formulated for health stem directly from the analysis of health services problems or from the overall Model Cities objectives. They provide the framework for developing program approaches.

Program approaches are listed and briefly described under each goal in this section of the health chapter. Since the means of carrying out these approaches is developed in the next section under Priorities and Strategies, the program approaches as listed here are brief and may be incomplete. However, this arrangement provides a framework which should permit the checking of any proposed program approaches against goals to determine their significance to the residents of the Model Neighborhood Area in their search for better health.

*There is further discussion of this point in the evaluation item. See 7.3,

These goals are:

- I. To develop a new approach to health care designed to assist families in determining their health care needs and in satisfying them
- II. To make health services more accessible
- III. To make health services more available by reducing financial barriers, inconvenience and misunderstandings
- IV. To expand the supply of medical services in the area
- V. To make dental services more available
- VI. To improve the mental health and reduce mental retardation in the Model Neighborhood Area
- VII. To improve environmental health conditions for the residents of the Model Neighborhood Area
- VIII. To insure that Model Neighborhood Area residents participate fully in planning for their health needs
- IX. To exploit health service needs as employment opportunities for Model Neighborhood Area residents

C. GOAL I.: TO DEVELOP A NEW APPROACH TO HEALTH CARE DESIGNED TO ASSIST FAMILIES IN DETERMINING THEIR HEALTH CARE NEEDS AND IN SATISFYING THEM

The first of these goals is the development of a new approach to family health care. In the analysis of health problems it appeared over and over again that while it might be possible and necessary to tackle each obstacle or barrier, i.e., transportation, child-care, financial gaps, health education, etc., separately, this action alone would provide no assurance that the residents who needed health care were being reached and served, and would not provide the additional information required to insure that need is being translated into demand and demand into service.

A coordinated approach is needed. It can be provided by the use of Health Care Teams who can help individual families arrange comprehensive health examinations and health care follow-up. Health Care Teams will help families find and use available existing facilities and programs. They will then be able to know accurately when gaps and shortages exist - whether in program, facility, or financial aids.

Health Care Teams must, of course, start with an initial contact with a person in need of this kind of service. To provide the initial contact in an area of extremely high need, it is proposed that the first phase of the program be child-oriented and coordinated with school health programs, child-care programs, etc. Schools and children facilities would provide the base point for offering services to the children and, through them, to the entire family.

Therefore, it is proposed that a combined Maternity and Infant, Youth and Childhood Health Care program be established and operated through the Counth Health Department using Health Care Teams to arrange comprehensive health examinations and health care follow-up. Health Care Teams will help families find or use available existing facilities and programs.

One essential function will be the coordination of the health care programs with schools to assist families that send children to school in need of health services.

Both the local study on "School Success"* and national data indicate that good health should improve the individual child's school performance. Furthermore, the Model Cities Committee on Education indicated their belief that it would help improve overall school performance by eliminating problems for the teachers and the other children who may be affected by the presence in class of an ill or handicapped child who has not been receiving adequate medical treatment.

In addition to the school-based program, and as an essential element in developing full-scale improved health service as quickly as possible, it is proposed to organize a pilot project using comprehensive health examinations (mobile multi-phasic) in the neighborhood to (1) help measure health deficiencies, (2) demonstrate how health care teams can assure the follow-up needed for adequate medical care, and (3) determine adequacy of services based on increasing demand for services. These examinations should include dental and mental health exams not always included in "multi-phasics". The establishment of Neighborhood Centers under the Public Facilities Plan as convenient and attractive bases for the operation of the mobile unit is considered an important element in the success of this part of the program.

D. GOAL II: TO MAKE HEALTH SERVICES MORE ACCESSIBLE

1. Transportation

As noted in the discussion of problems, lack of transportation is a major obstacle to use of health services, especially for follow-up or preventative care visits. While public transportation needs some improvement, this is not really the key to

* Office of Contra Costa County Superintendent of Schools, Contra Costa School Success Program: Application for Continuation Grant with Interim Progress Report, Pleasant Hill, California, March 1968.

making it easier to get to health services. Two approaches are possible: (a) providing direct transportation similar to that provided by the private car, and (b) increasing the use of neighborhood-based services to which people can walk when elaborate medical facilities are not needed, as in the case of advice, health education, and some forms of check-up. Presently, the well-baby conferences are so arranged, but are by appointment only. Various other health clinics, especially those emphasizing education, are also operated in the neighborhood. Eventually, the Health Care Teams should help increase these nearby services and provide them on a drop-in basis where practicable. The spread of health education programs to and through schools and community organizations will also increase neighborhood services.

The moving of the County Health Clinic from 8th Street to 37th Street presents an immediate crisis in access to health facilities since, for some, the 8th Street clinic was within walking distance, and for others, it was a considerably easier bus trip than all the way to 37th Street.

Therefore, it is proposed that service which will eventually provide free transportation for residents of the Model Neighborhood Area to all health services (public and private) be developed. This should be started with jitney or mini-bus type service to the 37th Street Clinic.

2. Hours of Operation

Many people cannot get to health facilities because of the hours of operation, either because they themselves are working or because relatives or friends cannot drive or escort them during working hours. Therefore, it is recommended that the County Health Clinic be kept open seven days a week from 8:00 a.m. to 10:00 p.m. In addition, Kaiser Hospital and private doctors should be requested to rearrange their hours for the greater convenience of Model Neighborhood residents.

The proposed Neighborhood Health Councils can be of assistance in this kind of negotiation, both helping to determine and to publicize appropriate changes in hours of operation.

3. Child Care

Since children, who are not patients, tagging along are hard on the mother and distract the doctor, it is proposed that "kiddy korralis" be provided at clinics and at community buildings. Mothers can leave children near home if they desire. If not, they can leave them outside the examining rooms while obtaining health

service. These should be manned "kiddy korral's" not only for effective child care, but because they, too, can provide a source of early childhood education and a resource for parent education in child care.

E. GOAL III: TO MAKE HEALTH SERVICES MORE AVAILABLE BY REDUCING FINANCIAL BARRIERS, INCONVENIENCE AND MISUNDERSTANDINGS

The following measures for increasing the availability of health care are recommended immediately.

- (1) Through individual contact by health teams, determine the inadequacies of present medical coverage. Help people use their present coverage more effectively and then work out a variety of financial aids to fill the gap.
- (2) Simplify procedures for establishing eligibility for medical services, both county medical and MediCal and Medicare. Be sure that persons over the "poverty" level but with moderate income have their major medical needs covered.
- (3) Work out a more satisfactory system for "after-hours" and emergency care and make sure that everyone understands the nature of "emergency" charges.
- (4) Use health care teams to assist patients in communicating their health concerns to existing medical staff and to assist doctors in seeing that instructions are understood and carried out.
- (5) Increase the number of Spanish-speaking personnel at all health facilities and provide interpreters where none exist.
- (6) Provide in-service training courses to aid communication between existing hospital and clinic personnel and the patients from the Model Neighborhood Area.
- (7) Work with unions and employers to improve health insurance plans and through unions, places of work, etc., provide better information to individuals as to what their coverage includes and how to use the plan. This is particularly important in the case of group health plan coverage. A Kaiser study indicated a lower use of its facilities by low-income plan members than by higher-income members. The Health Care Teams, the Health Service Organizations and those providing the health insurance (usually employers or unions, but can be others) might all participate in a joint service to the individual.

F. GOAL IV: TO EXPAND THE SUPPLY OF MEDICAL SERVICES IN THE AREA

Use Health Care Teams to enhance the work of doctors in the case of illness, and as educators to improve preventative practices and reduce the need for some emergency and hospital services.

Effective diagnosis and treatment is improved by ease of communication between the practitioner and patient and by the availability of the necessary facilities and materials for therapeutic management. Program approaches related to conditions of diagnosis and treatment include:

- (1) Encouraging continuity of care, especially through Health Teams assistance in arranging health care for the family;
- (2) Facilitating family group care through the use of the health care team concept. By working directly with, as a part of, the Health Care Team the medical practitioner improves his information regarding the family and extends his diagnostic capability. The Health Care Team provides a broad base for therapy outreach and follow-through;
- (3) Making sure drugs, dietary supplements and foodstuffs requisite to proper treatment and rehabilitation are available. This may require new kinds of subsidy arrangements for drugs and foods.

More effective early treatment can reduce the need for additional later treatment as can preventive action.

A major task is the improvement of health care education. There appears to be less practice of preventive medicine in the Model Neighborhood Area than in the community as a whole. Low immunization levels is one indicator. Lack of a regular physician for the family as noted especially in the survey of the Spanish-speaking is another.

Among the specific proposals for increasing health awareness are:

- (1) Improving the school health curriculum to reflect community conditions and problems;
- (2) Strengthening the science curriculum to encourage the recognition of cause and effect relationships;
- (3) Influencing the development of courses in family and community problems that would include discussions of the impact of individual and group health status on functioning in the family and community setting;

(4) Providing multiphasic and dental examinations for Model Neighborhood Area residents including - as part of the examination - procedures for referral for treatment and discussion with the individual and his family of the implications of the examination results;

(5) The development of neighborhood pre-natal programs to encourage the successful outcome of pregnancy. Such program would include:

- (a) discussions in family problems courses of conditions and behavior which encourage the successful outcome of pregnancies
- (b) Health Care Team talks to local community organizations and participation in informal discussion groups
- (c) the development of educational material for distribution in the local community

(6) The development of a program of Health Happenings to provide a familiarity with otherwise hidden aspects of health services. For school age children, such happenings may include:

- (a) field visits to local facilities and after-school and summer work programs in health services
- (b) involvement in the conduct and planning of the multiphasic and dental examinations activities
- (c) increased contact with Black and Spanish-speaking professionals in the health care services;

(7) The development of a local health education program focused on the needs of special groups such as the adult, employed and elderly, mothers, young and school-aged children.

Only after experience with Health Care Teams and improved health education will it be possible to determine whether increased demand will require more standard facilities and services or whether this will be offset by improved preventative care, in which case the demand will increase for new types of programs and personnel.

Development of a demonstration program in community health service is one way to attract medical personnel. There are at present young medical students interested in training or being trained in this new field.

Prospects for improving the supply of health professionals serving the Model Neighborhood Area residents will depend in part upon the success of community efforts to imbue such service with increased prestige and to provide special opportunities for personal satisfactions. The status attached to service in community health care programs may be expected to increase as special skills are developed, particularly when these skills are given formal recognition through training programs. If the Model Neighborhood Area is to attract the best professional and sub-professional talent to community health programs, it should try to offer fringe benefits that rival those of alternate paths of career development (provided that this consideration does not impede the program goals). Program approaches related to improving the supply of health-related personnel might include:

- (1) Informing and impressing upon the larger society and the health services professional community the capabilities needed for effective community health care. One means might be the development of cooperative public relations, training, and research relationships with other local community Health Services programs, such as those at East Palo Alto and Bayview-Hunters Point (San Francisco);
- (2) Expanding and solidifying contacts with professional schools and societies to develop and maintain research and training programs in community Health Services. The resources of the University of California Medical School and the University School of Public Health should be used to their utmost. Professional societies also offer a major resource for promotion of training and research in community Health Service;
- (3) Developing programs to facilitate professional career development and professional contact by:
 - (a) providing financial and administrative aids to cooperative practitioners to facilitate sabbatical leaves for special training programs, and
 - (b) providing financial and administrative aids to cooperative practitioners to free them to participate in community activities as members of the community and in professional society activities as advocates of the community Health Service point of view;
- (4) Developing programs so that medical personnel increase their participation in community social life and awareness of community points of view.

G. GOAL V: TO MAKE DENTAL SERVICES MORE AVAILABLE

The following approaches are suggested to increase dental service immediately.

- (1) Include dental services in the coverage to be provided in the youth and children's program;
- (2) Make sure that adults presently eligible for dental care are receiving it;
- (3) Work out plans through health insurance coverage, prepaid dental plans, changes in eligibility, etc., to provide dental care to people with incomes over the poverty level who cannot afford adequate dental care.

Because of serious neglect, the need for extensive dental work often shows up in examinations for employment. Availability of financial assistance for dental work is essential to programs such as CEP (Concentrated Employment Program) and WINS (Work Incentive Program). In vocational rehabilitation work, the matter of teeth also comes up frequently. Close coordination between these employment-oriented programs which provide "supportive" services and health programs can help improve dental as well as other aspects of personal health care.

Finally, health education regarding fluoridation as well as making fluoride treatments available to children can reduce the need for future dental work.

H. GOAL VI: TO IMPROVE THE MENTAL HEALTH AND REDUCE MENTAL RETARDATION IN THE MODEL NEIGHBORHOOD AREA

Coordinate health concerns with overall community improvement, because a job, a decent home, or good grades in school may be the best mental health medicine that can be offered.

In connection with the Education program, develop a Learning Diagnostic Center (Child Evaluation Center).

Expand present training and use of community workers in the field of mental health concerns. Expand health education in the fields of drug abuse, alcoholism, etc., using the Health Care Teams along with health educators and others already in the field to develop new approaches designed to reach the people in the Model Neighborhood Area.

In connection with foster home and home care programs, expand the available resources for community-based care of the mentally ill. (Coordinate with approaches toward special housing needs discussed in the Social Services Report.)

Make sure that the new facilities at Hilltop to combat mental retardation are fully used by the Model Neighborhood Area and that programs and services meet the needs of the Model Neighborhood Area.

To the extent that the problem of mental health is separate from general problems, and unrelated to behavior and learning problems of young school children, mental health needs have not yet been adequately studied by the Model Cities Health Committee. Therefore, one of the urgent items for the coming year will be to make a full study of the mental health needs so that a comprehensive service may be undertaken.

I. GOAL VII: TO IMPROVE ENVIRONMENTAL HEALTH CONDITIONS FOR THE RESIDENTS OF THE MODEL NEIGHBORHOOD AREA

Many of the environmental health factors affecting the Model Neighborhood Area have been dealt with in relation to physical improvements, housing and public facilities. These include storm and sanitary sewers, housing conditions, vacant lot clean-up (including garbage and trash removal), visual appearance, safety, etc.

One of the most important factors, air pollution, is not dealt with elsewhere. Because of the location of the Model Neighborhood Area, it is subjected not only to the general bay-wide pollution, but to specific irritants from nearby chemical plants. The Model Cities Program, therefore, has a special interest in working closely with other citizen groups and public officials to strengthen the regulation and enforcement practices of the Bay Area Regional Air Pollution Control Board. It is quite concerned also with water quality in the nearby bay. Water quality is relatively good in the bay adjacent to the Model Neighborhood Area, and if required sanitary sewers are built and industry obeys the water quality regulations, the bay becomes an important recreational resource. The City of Richmond is presently building a secondary sewage treatment plant. The San Pablo District, however, which includes North Richmond, lost a bond issue, and the question of how to build a treatment plant required by the Water Quality Control Board is presently up in the air.

In general, the Model Cities approaches to environmental health will be to:

Work with appropriate agencies to improve water quality, reduce air pollution, etc;

Coordinate mental and physical health considerations with other aspects of the environment of the Model Neighborhood Area residents;

Work on solid waste disposal with a concern for both health and employment aspects. (See Economic Development Section.)

J. GOAL VIII: TO INSURE THAT MODEL NEIGHBORHOOD AREA RESIDENTS PARTICIPATE FULLY IN PLANNING FOR THEIR HEALTH NEEDS

With the present legislation which requires Consumer Participation and with the starter provided by the Model Cities Health Committee, participation will be sought in various Health Councils.

The following actions are specifically proposed:

- (1) Start Neighborhood Health Councils to work with the Youth and Child Care Program.
- (2) Participate in various already organized Health Planning Councils.
- (3) Help develop Health Councils Advisory to the County Medical Department, Brookside Hospital and other major health facilities.

In order to make the residents' participation more effective, the Model Cities Program hopes to take advantage of training programs designed to help low-income residents play an active part in Citizens' Health Councils. Training programs are expected to be initiated by the University of California School of Public Health soon.

K. GOAL IX: EXPLOIT HEALTH SERVICE NEEDS AS EMPLOYMENT OPPORTUNITIES FOR MODEL NEIGHBORHOOD AREA RESIDENTS

The field of health services is an expanding one and in general provides potential employment opportunities. As in other fields, it is essential to develop career lines so that there is no unbridgeable division between the sub-professional and professional. Besides career lines, direct entry into professional fields through pre-tech programs at the school can be sought. The approach will be to develop training programs in all health care aspects and place neighborhood residents in health jobs wherever possible.

7.3 PRIORITIES AND STRATEGIES

A. INTRODUCTION: OVERALL STRATEGY

The Model Cities Health Program is designed to develop local adaptations to meet local conditions and respond to local needs. It is clear that if health inequities are to be removed as obstacles to community well-being, just adding on to current approaches will not be sufficient. New approaches are needed which try to focus more sharply on expressed goals and which are economical in the use of scarce resources (both medical personnel and expensive facilities).

The overall strategy for the health component programs is three-fold - (a) development of modified approaches to health care services, (b) increased utilization of existing facilities, and (c) overall improvement in the economic growth and development of the Model Cities community.

In the first year the main thrust will be toward determining more accurately the need for services for medical and dental health care for families and - probably - thereby increasing the demand for services. This will be done by health education, case finding, and the provision of direct assistance to residents in making the health services more available - - whether financially, through transportation, or by helping to negotiate different levels of service, etc.

It is expected that by the end of the first year the nature of additional required facilities, services, personnel, financial assistance, etc. will be clear. Programs for subsequent years cannot therefore be fully anticipated yet but will depend on the first year's findings.

Refinement of study will be a major first year concern in the fields of mental health and environmental health as well. In all cases, study is action-oriented and will be coupled with direct service programs to the greatest possible extent.

As in the area of education, the problem of identification with the provider of service is a matter of considerable concern. Programs should be designed to help raise personal and community pride by making sure that health personnel include people with whom the patient can identify, i.e. male, Black, Spanish-speaking, personal-service-oriented, "plain talking", etc. In the field of health, it should be noted

that this concern is broader than the question of minority personnel. The health care services have become so impersonal in response to new technical demands that all consumers have a "communications" problem.

Rapid expansion of the health care services provides a field for new kinds of employment. The Richmond Health Program proposals are intended to:

- (1) Give maximum opportunities for new careers which can be filled by Model Neighborhood Area personnel; and
- (2) Be imaginative and creative in their community health focus so that Richmond gains a reputation as a training center for health personnel - - both for the employment potential and as an attraction to doctors and other specialist in short supply.

B. A TENTATIVE TIMETABLE

In the list below the proposed first year projects are shown, arranged according to customary divisions within the health field: (1) Physical and Dental, (2) Mental, (3) Environmental, (4) Comprehensive Health Planning, with a note made of projects and programs for the second and following years. In the following section (C) the first year projects are briefly described. Development of project applications will be started as soon as there is an indication of the acceptability of the program, and the availability of staff to prepare the applications.

HEALTH PROJECTS TIMETABLE

Personal Health Care (Physical and Dental in particular)

- Year One:
1. Develop and begin operation of a Child Care Health Project, including maternity and infant, children and youth, using health team approach to improve regular and remedial health care.
 2. Develop a pilot program of community-based multi-phasic medical exams and follow-up by Health Care Teams.
 3. Improve transportation to all health facilities, in cooperation with county program to provide transportation to 37th Street Clinic.

- Year 2 - 5:
1. Expand Health Care Team operations to serve all families.
 2. Add services (including expanded financial coverage) and build facilities wherever needs have been revealed by Year 1 pilot programs.

Mental Health

- Year One:
1. Develop and begin operation of a Learning Diagnostic Center.
 2. Begin operation of a demonstration Free Child Care Service, in conjunction with Welfare Department (if Social Rehabilitation Services cannot provide all funds).
 3. Make full study of Mental Health needs.
- Year 2 - 5:
1. Expand services of first year projects.
 2. Develop mental health programs as indicated by study.

Environmental Health

- Year One:
- Study solid waste disposal problem - garbage and auto wrecking - related to North Richmond area and to Economic Development problems.
- Year Two:
- Develop solid waste disposal programs as indicated by study.

Comprehensive Health Planning

- Year One:
- Establish (and/or participate in) Health Advisory Councils relating both to neighborhood and to existing facilities.
- Develop evaluation and reporting plan to test the inter-relationship between health improvement, direct health programs and overall community improvement (housing, jobs, etc.)
- Year 2 - 5:
- Continue Year 1 programs.

C. BRIEF DESCRIPTION OF PROPOSED FIRST YEAR PROJECTS

1. Personal Health Care

- (a) The major health program for the first year is a project for the improvement of maternity and infant, child and youth health care. Although funded from two U. S. Public Health (USPH) sources, this will be one project to be operated by the County Health Department in cooperation with the County Medical Department, the Richmond Unified School District, and the Model Cities Program. This project will use Health Care Teams headed by male personnel, mainly recruited from ex-military personnel with medical knowledge, and including nurses and community health aides. Starting with a school-based health program, these teams will assist families in determining their health problems and in locating the appropriate services. (Child care facilities will also be a point of initial contact with the children.)

Maximum use of all available services - public, private and group practice - will be sought with special attention to fitting services to the needs and desires of individual families, and to insuring adequate transportation, baby-sitting, homemaking, home nursing, drugs and dietary supplements. The Health Teams will assist in carrying out the doctors' orders and other auxiliary health supports, as needed.

A main emphasis in the first year will be health education, case-finding, procuring direct services or financial assistance where needed by the family, and evaluating how adequate the present financial resources, services, and facilities are for Model Neighborhood Area residents. The Neighborhood Health Councils will be related to these Health Team services.

- (b) The second major program will be a pilot program of adult multi-phasic examinations given out in the community, using a mobile health trailer and providing a direct follow-up by Health Care Teams.
- (c) Finally, ways to improve transportation to all health facilities will be developed, in cooperation with the County program to provide transportation to the 37th Street clinic. There are several alternate approaches to the transportation service which require detailed study. Whatever scheme is developed, service will be provided for all who need it to all medical facilities, private and public.

2. Mental Health

- (a) Develop and begin operation of a learning diagnostic center. (Description to be added.)
- (b) Demonstration of Free Child Care Service.

The Social Services Committee has developed a comprehensive approach to child care with free child care provided in many ways and places. Proposals include drop-in "kiddy korral" where mothers may leave their children while they see the doctor or attend neighborhood meetings, mini-day care centers, co-op nursery schools, and child care training centers. This approach is intended not only to provide a place to leave the children, but to provide an opportunity for improved early childhood education for the children and a way to stimulate better understanding of child development and therefore to develop a healthier child-parent relationship. It would be preferable, if possible, to fund this program entirely through Social Rehabilitation Services, but at first glance it appears that the innovative aspects would require joint funding - perhaps 3/5 SRS to 2/5 National Institute of Mental Health (NIMH).

- (c) Make a full study of mental health needs.

Such a study will require the work of both professionals and community residents for a substantial period of time and should include all mental health and mental retardation concerns in the community, including drug problems, alcoholism, etc.

3. Environmental Health

In North Richmond there is a land fill operation next to the San Pablo Bay. Filling the Bay with garbage has been the subject of much concern. The Richmond Sanitary Service has indicated its willingness to consider practical alternatives, but no specific proposals have been developed.

Near this land fill operation is a large expanse used for auto wrecking. Many of the auto wrecking operations are very small enterprises on rented land.

Both of these enterprises represent a use of the land to which many of the residents object. They also represent

employment and small business ventures for a number of Black people. A study of how to dispose better of the wastes is needed, with a built-in concern for economic development opportunities for Model Neighborhood residents growing out of changes in handling the solid wastes.

4. Comprehensive Health Planning

(a) Establishment of Health Councils

Neighborhood Health Councils will be established to provide widespread local involvement in health planning and program evaluation. Health Advisory Councils serving existing facilities such as Brookside and the County Hospital will also be established. The training of participants and the manning of the Councils will be a part of this program. There will be a tie-in to the Health Team Project.

(b) Evaluation and Reporting Plan

Many people seriously concerned with health problems over a number of years have put forth the thesis that there is a substantial relationship between poor health and poverty which is equally or more responsive to improving economic conditions, housing, etc., than to improving health services.

Since Model Cities offers a unique opportunity to try to study this problem, it is proposed that a special study be made to evaluate health in relation to the other Model Cities Program components. Among the concerns of the study might be:

(1) The extent of overlap of poor health and other special problems associated with low income level, such as unsuitable housing, inadequate diet, insufficient rest and/or insufficient opportunity for privacy, vacations or recreation, worry over lack of employment, etc.

(2) The extent to which improvement in these items improves the physical health of the patient (for instance, elimination of stair climbing, if medically indicated, or financial and shopping assistance to an asthmatic patient, or the removal of substances from the home to which the patient may be sensitive).

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growing out of changes in handling the solid wastes.

Comprehensive Health Planning

4.

(a) Establishment of Health Councils

Neighborhood Health Councils will be established to
provide widespread local involvement in health planning
and program evaluation. Health Advisory Councils serve
ing existing facilities such as bookstores and the County
Hospital will also be established. The training of
participants and the training of the Councils will be a
part of this program. There will be a training to the
Health Team Project.

(b) Evaluation and Reporting Plan

Many people seriously concerned with health problems
over a number of years have put forth the thesis that
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